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Walden University

College of Social and Behavioral Sciences

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Brenda Nicholson

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University
March 2020

Abstract

Qualitative Inquiry of Resilience in Veterans Transitioning to Civilian Life

by

Brenda Nicholson

MA, Prairie View A & M University, 2006

BSN, Pacific Lutheran University, 1992

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

March 2020

Abstract

This qualitative phenomenological research focused on the resilience of 10 veterans transitioning back to civilian life. An increase in suicide rates among veterans over the last 10 years has become a major concern for the U.S. Congress and Department of Defense (DoD). The theoretical frameworks guiding the study are Durkheim's suicide theory, Lindenberg and Frey's social production function theory, and Diener's deindividuation theory. Many veterans have no self-awareness of their need for psychological and transitional assistance, leaving them vulnerable during a time of potentially increased and unfamiliar stress. Understanding the need for effective psychological adjustment and resilience in military members and veterans is an important part of maintaining wellbeing and of suicide prevention. The research questions guiding this study examined the lived experiences of veterans transitioning from military to civilian life and benefits and challenges some veterans have when transitioning back to civilian life. Interviews were conducted with 10 African American veterans. Findings from veterans stressed the importance of having transitional assistance and personal support during transition from military to civilian life for successful coping and maneuvering through challenges of a different culture and lifestyle. The results from this study may advance knowledge for developing effective programs and interventions to increase resilience and decrease suicide in veterans transitioning out of the military to civilian life.

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Dedication

This dissertation is dedicated to my husband, Marion, for all of his love and support from the beginning to the end of this challenging, sacrificial and time-consuming experience. I have been truly blessed to have a husband with patience, kindness, compassion, and love. His prayers and encouragement truly blessed me to persevere. His faith in me and my abilities to accomplish this goal has served as a steppingstone and a beacon of light in my mind and in my heart. Thank you so much and I love you and have always loved you from the first day you came into my life.

Acknowledgments

This doctoral dissertation has been one of my most challenging life experiences. It is through the continuous inspiration of my faculty and colleagues, family and friends that I have been able to complete this endeavor. To my committee chair, Dr. Benita Stiles-Smith, I am sincerely grateful to have been blessed by you to guide me toward success in completing this dissertation. I appreciate and acknowledge the faculty and staff for providing guidance and support throughout this major undertaking.

I would like to extend a special thank you to Dr. Yoly Zentella, who served as my mentor throughout the doctoral process. Dr. Zentella was available to give excellent advice and support from the beginning of the prospectus to the completion of this dissertation. Thank you Dr. Zentella.

Also, a warm and heartfelt thank you to the Walden University faculty and staff for blessing me with this opportunity to complete my lifelong goal while I continued to serve in my roles as wife, mother, grandmother, registered nurse, caregiver, licensed professional counselor and minister.

I especially send out a sincere thank you to all of my participants; those men and women of valor and honor who have served this country faithfully and stand ready to defend again if asked to do so. May God bless you and keep you - is my prayer.

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Chapter 1: Introduction to the Study

Introduction

Transition from military to civilian life can be complex and difficult. The resilience to shift from military culture, norms, and traditions, to civilian life may be challenging for some and relatively easy for others. Failure to make a successful transition can have a direct effect on physical, mental, and social well-being. Kukla et al. (2015) stated that social networks, family, and friends buffer the transition effect for many career veterans returning to civilian status.

The actual acculturation and initiation of a civilian into a military organization commences whenever an individual is recruited into any of the five branches of military service and processes through the military entrance processing stations (MEPS). Officers are commissioned by direct appointment and assignment to Officer's Candidate School, Reserve Officer Training Corp, or Officer's Training Academy in West Point, New York. According to the Military Command and the Law (Uniformed Code of Military Justice, UCMJ, 2019), officers are the leaders of the military, with presidential authority to plan and execute orders for mission movements and execute awards and punishments of subordinates. Officers may hold degrees ranging from bachelor's to doctorate in a variety of disciplines, such as law, medicine, biomedical engineering, aeronautical engineering, business, communications, and military intelligence. Layne et al. (2001) military occupational structure designates the enlisted personnel as the workers and laborers of the military service. Most enlisted personnel enter the military with a high school diploma or the equivalent. They are in charge of training, guidance, technical

jobs, supplies, weapons, transportation, and operation of mission movements and procedures for each branch of service. Most of their jobs are vocational in nature, such as payroll clerk, record clerk, combat medic, mechanic, cook, x-ray technician, or technician.

Layne et al. (2001) states that the initial boot camp or basic training lasts for 8 to 13 weeks depending on which branch of the armed forces enlisted. All service members learn about the history, traditions, lifestyle, culture, customs, expectations and ethics of their branch of service, as well as the proper way in which to wear the military uniform. New enlistees are drilled on how to develop the discipline needed to maintain control of their focus, words, emotions, and physical behavior. Training includes instructions on firing a weapon and responding to biological and nuclear attacks. Superior officers stress the importance of following orders without question and developing unbreakable bonds of brotherhood and sisterhood with fellow service members, based on the knowledge that these people will defend you in battle and not leave you behind if you are wounded or killed.

Griepentrog et al. (2012) postulated that new enlistees and commissioned officers undergo a transformation from an identity rooted in personal relationships to an identity constructed solely in relation to the military organization. Ray and Heaslip (2011) found that transitioning from one's primary identity to that of identity with the military is a complex process and poses a problem when the service member attempts to transition back to civilian life. Redmond et al. (2015) argued that once individuals join the military,

they lose their civilian identity and connection of self-interested thinking to a collective way of thinking in the military organization.

According to Pols and Oaks (2007), Operation Enduring Freedom (OEF), beginning October 7, 2001 in Afghanistan, and Operation Iraqi Freedom (OIF), beginning March 19, 2003, marked the first times in military history that a rear support command did not exist. A rear command was a place for downtime or reprieve. With restructuring of the military operational procedures, there was no place to release stress and anxiety or calm the emotions of war. During World War I and World War II, support personnel remained behind the line, in the rear command, to pull soldiers out of danger and provide emergency surgeries and mental health services prior to returning them to the front line again (Flynn & Hassan, 2010). During OEF/OIF, all personnel, e.g., cooks or supply and logistics, were deployed to the front line (Pols & Oaks, 2007). No one was exempt. There was no place for service members to go to gather themselves after experiencing psychological stress or physical exhaustion. Pols & Oaks (2007) states that staying in a hypervigilant state for 6 to 12 months in an environment that might erupt into hard gunfire in a matter of seconds proved to be challenging for troops, especially the younger troops ages 18 to 23. Many troops in combat were not prepared for the stressors of war, which carried them beyond their limited coping skills. For these reasons, Grossman and Christensen (2008) argued that the number of soldiers pulled off the front lines for psychiatric emergencies in OEF/OIF was greater than the total sum of all combat casualties from World War I, World War II, and the Korean War.

The U.S. Department of Defense (DOD) has implemented several strategies to increase psychological resilience in active duty service members, including: the Warrior Resilience Program (WRP), the Comprehensive Soldier Fitness Program (CSF), the Navy Operational Stress Control (OSC), the Marine Corps Combat Operational Stress Control (COSC), and others (Bowles & Bates, 2010). However, Macedo et al. (2014) posited that minimal empirical studies regarding the effectiveness of these interventions and programs exist.

Meredith et al. (2011) conducted a study on 270 existing pieces of literature on factors most evident in promoting psychological well-being, self-awareness and increasing resilience.

According to Hume (1974), inductive reasoning in qualitative research has no empirical or logical foundational basis on its own. Hennink et al. (2011) maintained that there must be a reciprocal relationship between the theory being developed (grounded) and deductive theories. Qualitative research has no relevance without a connection of the two.

Durkheim's suicide theory (1951) and Lindenberg and Frey's (1993) social production function theory were used as a theoretical foundation for this research on resilience in veterans transitioning to civilian life. The social implication for positive social change is to gain an understanding of the transition process and provide insight toward increasing the effectiveness of existing approaches for strengthening psychological resilience and reducing the risk of suicide in transitioning veterans.

Chapter 1 includes the introduction, background of the study, the problem statement, purpose, research questions, framework, and nature of the study. Also included are definitions, assumptions, scope and delimitations, limitations, significance, and a summary.

Background of the Study

Meredith et al. (2011) found that most resilience programs for military units and active duty personnel are not readily available to veterans after combat. Macedo et al. (2014) stated that the military programs that do exist have no empirical evidence and have not been pilot tested for the military population. Ursano et al. (2014) suggested developing interventions for resilience-building programs to prevent suicide in the military population as key in promoting psychological well-being. Denneson et al. (2016) indicated that military veterans with suicidal ideation and mental health problems are often seen by Veterans Administration (VA) primary care mental health services. However, these services are not accessible for many personnel returned directly back to their civilian jobs.

Goodwin et al. (2015) stated that the U.S. Armed Forces continue to have a higher rate of suicide than the U.K. Armed Force and that the suicide rates among military personnel have remained at an all-time high for the last 7 years. The gap in the literature is the lack of knowledge about the challenges and barriers veterans face when returning to civilian life, and the strategies needed to increase resilience in veterans is an important element of suicide prevention (Ursano et al., 2014). In this study, I explored the lived

experiences of veterans in an effort to increase understanding of strategies needed to increase resilience and prevent suicide.

Problem Statement

The research problem in this study was high suicide rates in transitioning military members and an inquiry into potential factors in cause and prevention. Ursano et al. (2014) contends that suicide among military service members has become a major concern for Congress and DOD, and the collection of empirical evidence on successful treatment approaches and preventive strategies has become a serious priority. Longitudinal research conducted by Ames et al. (2009) showed that military personnel are at greater risk of committing suicide than members of the general population due to the environmental stressors of the military culture and organizational mindset. The rate of completed suicide after hospitalization has been as high as 263.9 per 100,000 soldiers (Kessler et al., 2015). Consequently, research on successful treatment approaches and preventive strategies is a current need (Denneson et al., 2016).

There is a gap in the current literature regarding psychological, social and emotional stress in veterans in relation to what is needed to increase resilience in military members and veterans as an important element of suicide prevention (Ursano et al., 2014). Loughran (2014) hypothesized that veterans experiencing more psychological, social and emotional stress after being discharged back to civilian status could be directly correlated with employers discriminating against veterans in hiring, a sense of social insignificance, poor out-processing and preparation prior to being discharged, and veterans' inability to satisfactorily acquire the basic necessities for themselves and their

families. It is important to understand what military members experience and think in considering next steps to take for positive impact upon resiliency for transitioning military members.

Purpose of the Study

The purpose of this qualitative phenomenological inquiry was to gain an understanding of the lived experiences and perceptions of participants regarding resilience following discharge from the military. Through the collection and thematic analysis of data gathered from participants, I examined veterans' beliefs, attitudes, and experiences regarding resources and interventions for physical and social well-being after discharge.

From 2005 to 2013, the rate of suicide became substantially higher among military personnel than in the civilian sector, despite the military's concerted efforts to screen for pre-existing conditions (Nock et al., 2014). Current research literature has failed to identify resources needed to foster resilience and a sense of physical and social well-being among veterans and military personnel after discharge from service. Data collected from this study may inform interventions for service members' readjustment to civilian life, in addition to promoting resilience and decreasing suicidality. Data collected from this study may also inform research on psychological protective factors and resilience building for military members during initial enlistment.

Research Questions

I used a qualitative phenomenological research approach to capture the lived experiences of the participants as they describe their transition experiences from military back into civilian life. I used the following research questions to guide this study:

Research Question 1 (RQ1): What were the lived experiences of the military service members as they transitioned from military to civilian life?

Research Question 2 (RQ2): What events and circumstances negatively influenced a successful transition back to civilian life?

Research Question 3 (RQ3): What support systems were beneficial in transitioning back to civilian life?

Research Question 4 (RQ4): What do military service members consider to be challenging to securing meaningful employment?

Theoretical Framework

The theoretical framework for this study was Durkheim's (1951) suicide theory, and Lindenberg and Frey's (1993) social production function theory. In Chapter 2, I will explain the theoretical framework in more detail. Durkheim's suicide theory focuses on the effect of social integration and social regulation on an individual's aspirations and desires. This theory explains the detriment of extreme degrees of social integration and regulation on an individual's desires and aspirations and can contribute to suicidal tendencies. Durkheim does not explain a healthy or harmful level of integration or regulation (Abrtyn & Mueller, 2015). Elevated levels of integration and regulation may be found in milieus, such as cults, sects, psychotic wars, high school cliques, military

units, penitentiaries, monasteries, small towns and villages, and tightly knitted fraternities, sororities, and families. In elevated integration, members are committed to their role as a member, immersed in close social ties, and morally attached. Abrutyn and Mueller (2015) posited that suicidality occurs when the group punishes an individual for a violation or moral misconduct or failure to respond appropriately according to group beliefs, rules and morals values. “Societal scripts or cultural directives can leave an individual with few alternatives when severe external sanctions for violations are imposed and there are no alternative subcultural systems for the individual to identify” (Abrutyn & Mueller, 2015, p. 66). In this situation, sociocultural morals that demand complete commitment to the cultural system and high levels of integration and regulation may lead individuals to self-harm and harm to others.

In the social production function theory, Lindenberg and Frey (1993) describes the universal goal for all individuals as physical well-being and social well-being and the five instrumental goals by which they achieve physical well-being and social-well-being is through stimulation, comfort, status, behavioral confirmation, and affection. Individuals will substitute these instrumental goals for the production of physical and social well-being. If one means is not feasible, an alternative means may be available.

I used inductive reasoning in this qualitative research to achieve an understanding of the lived experiences of veterans transitioning from the military to civilian life. Durkheim’s theory of social integration and disruption of social bonds caused the researcher to an inquiry into the ability of the military personnel to meet the challenges of transitioning from a social culture highly scripted and regulated into a social culture of

individualism and low regulation. I used the following research questions to explore this area of the study:

RQ1: What are the lived experiences of the military service members as they transitioned from military to civilian life?

RQ2: What events and circumstances negatively influenced a successful transition back to civilian life?

Lindenberg and Frey's social production function theory was used by the researcher to inquire about challenges military personnel faced in acquiring resources for physical well-being and social well-being when transitioning to civilian life. The research questions that I used to explore this area were:

RQ3: What support systems were beneficial in your transitioning back to civilian life?

RQ4: What do military service members consider to be challenging to securing meaningful employment?

According to Hume (1974), inductive reasoning standing alone in a qualitative research study does not offer a logical or empirical foundation. Hennink et al. (2011) maintained that it is possible to develop a reciprocal relationship between qualitative research, theory and empirical data and without the empirical data, qualitative research has no relevance. I used Durkheim's suicide theory and Lindenberg and Frey's social production theory to gain a better understanding of the lived experiences of military members transition to civilian life and to appropriate interventions necessary for resilience, success, and social well-being.

Nature of the Study

In this qualitative phenomenological study, I used data from individuals discharged from military service to gain an understanding of the lived experiences, challenges, and resources that influenced resilience as they returned to civilian life. Qualitative research facilitates the collection of data that is rich in detail, direct attention to the complete experience, and enables lived experiences to be the unit of measure (Tracy, 2013, p. 23). I gathered interview data from participants and engaged participants in in-depth exploration of their lived experiences, their thoughts regarding their experiences, and the perceptions of their experiences regarding the transition from military to civilian life. Qualitative methods are best suited for studies where there is a paucity of information related to the topic, and the variables or constructs under exploration are unknown (Yin, 2009). Qualitative methods are appropriate for studies where the researcher intends to understand a phenomenon through participants' lived experiences (Merriam, 2009).

A phenomenological design is appropriate when the researcher's intent is to examine a phenomenon that has been relatively unexamined and systematic research is lacking related to the subject (Darke et al., 1998). I used semi-structured interviews and open-ended questions to collect data. The sample of participants were volunteer veterans from the Army Infantry, Artillery, Special Forces and other Military Occupational Specialties (MOS) post-deployed and/or post-combat veterans located in the state of Texas. The highest rate of suicide among Army personnel were from these career fields. Purposeful sampling of this group enabled me to recruit participants with experience

directly related to the topic of interest (Hanson et al., 2011). I used a digital voice recorder to capture the essence of each interview. I transcribed audio recordings and coded the data according to frequency of patterns and themes and meaning and used NVivo version 11 for consistency.

Definitions

Active duty: Active duty refers to military members contracted to service on full-time duty 24 hours per day, 7 days per week under the direction of DOD (Cornell University Law School, 2014).

Discharged: Being discharged from the military means that an individual is released from their obligation to serve in the military, generally for reasons of retirement, end-of-service contract, or because of medical reasons (Hill, Lawhorne-Scott, & Philpott, 2013).

Military transition: Military transition refers to the process of veterans reintegrating into civilian life; successful military transition can involve finding adequate employment, a sense of purpose in civilian society, and social and psychological support services (Loughran, 2014).

Pay: Pay refers to compensation for services rendered while on contract with the military but does not include allowances for housing or childcare (Cornell University Law School, 2014).

Rank: Rank refers to the hierarchical chain of command among members of the armed forces (Cornell University Law School, 2014).

Resilience: Refers to the skills, qualities, and personal resources individuals use to function or adapt successfully within the contexts of adverse or disruptive life events; resilience can allow veterans to meet the challenges of reintegration, thereby diminishing negative outcomes associated with transition experiences (Lee et., 2013).

Separating: Synonymous to discharge, separating refers to being released or discharged from active military duty (Hill, Lawhorne-Scott, & Philpott, 2013).

Suicide: is a term to describe an individual who knowingly is directly or indirectly involved in his or her own death (Durkheim, 1951).

Assumptions

Assumptions are basic components of a study that are deemed to be true but are beyond the control of the researcher (Leedy & Ormrod, 2014). After being informed of the serious and scholarly nature of the study and the confidentiality of information, I assumed that all participants would honestly report their challenges and weaknesses in the transition from military to civilian life. Collecting honest and straightforward answers from participants was necessary to help assure the trustworthiness of data. I also assumed that all participants would consent to audio- recording during the interview. This provided a record of the interviews and participants' answers, which also helped to assure the trustworthiness of data. I assumed that all the participants want to adjust psychologically and socially to civilian life and desire to obtain gainful employment.

Scope and Delimitations

Although resilience encompasses many areas of cognitive development and social adaptability, I chose to focus this research on the transition challenges of post-

combat and post-deployed veterans returning to civilian status because of the lack of information in these areas. I also elected to gather data through face-to-face interviews rather than using electronic forums, such as, LinkedIn and other social media. In this study, I focused on veterans discharged from active duty service who had one or more deployments overseas and into combat. I recruited participants from Army Infantry, Artillery, Special Forces, and post-combat MOS career fields located in the state of Texas. This study did not include active duty military members.

[You need a transition here that connects the above paragraph to the below paragraph.]

Grupentrag et al. (2012) posited in his social identity theory that an individual's identity changed from personal relationships to organizational affiliation when they went through the transition from civilian to military lifestyle. Redmond et al. (2015) argued that civilian identity was lost once an individual enlists into the military organization and when a service member separated from the military identity, it causes a "fragmented-self" (p.2). Nevertheless, I did not choose self-identity theory for this study because of the large discrepancy in the literature related to the development of the ideal-self and actual-self and self-schemas development, which differs according to individual relationships, environments, and development. Instead, I selected Durkheim's suicide theory (1951) and Lindenberg and Frey's social production function theory (1993) to address the gap in the literature related to importance of being able to acquire a deeper understanding of the lived experiences of veterans after transitioning from military to civilian life. The transferability of this qualitative research may be limited on its application to populations other than African American. Thick descriptive data may have increased the depth of

knowledge and breadth of the lived experiences of the sampled population so that others may judge the possibility for transferability.

Limitations

Limitations of the study related to design and methodological weaknesses include not being able to predict trustworthiness of participants' answers to research questions. Transferability is limited to the attitudes and beliefs of the reader to apply information to his or her individual situation. The transitioning process may therefore differ in meaning and significance for each participant.

Social desirability may also have been a limitation in this study. Social desirability refers to participants answering difficult questions, such as those involving challenges of transition to civilian life, in ways that put individuals in a positive light, rather than answering honestly (Krumpal, 2013). To help reduce the chance of this limitation, I assured participants of the scholarly and serious nature of the study, as well as of the security, confidentiality, and anonymity of their responses. Knowing that their answers were confidential and anonymous may have encouraged participants to answer honestly because answers would not be able to be matched with participants' identities nor would they be used for purposes beyond those of the study. I avoided biases by ensuring that there were no family ties, financial ties, and organizational ties with any of the participants that could influence their participation in the study.

Significance

The results from this study may advance knowledge in many different disciplines for developing effective programs and interventions to enhance coping skills and

resilience and decrease suicidality for military service members and veterans transitioning back to the civilian lifestyle. As stated earlier, many military service members will be discharged with no guarantee of mental health or medical health care services, no guarantee of employment, and potentially little assistance in obtaining the basic necessities to support themselves (Claassen & Knox, 2011).

Information collected from veterans transitioning from military to civilian status may have implications for social change. This information may be able to save lives by leading to effective suicide prevention and resilience building strategies in returning veterans. The repeated concern expressed by researchers for the necessity of “developing interventions/resilience building” among veterans (Ursano, et al., 2014, p. 116), “selective suicide prevention interventions targeting a broader population of veterans” (Denneson, et al., 2016, p.10), and “interventions targeting risk of suicide attempts” (Goodwin, et al., 2015, p. 26) for veterans with long standing shame and guilt leading to depression and suicide indicates a gap in the literature which remains to be filled.

Summary

Military to civilian transition can be more complex than first imagined. The acculturation into military life changes an individual’s values and identity from a self-oriented perspective to an organizational or institutional perspective. New recruits must change and separate from the civilian thinking mode in order to become a “good fit” for the military organizational purpose and procedures. Service members receive extensive training for the sole purpose of taking orders without question in challenging and life-threatening situations, such as, war and peacekeeping missions. The military

organization is structured and designed to take care of all the needs of the service member and provide for their families. It can be a challenging experience to transition from military dependence to self-sufficiency or independence without preparation or resources for a success readjustment.

Bush et al. (2013) provided statistics on the increase in suicide for the U. S. Military from 2008 – 2010. They explained how the rate exceeded that of the civilian sector. Loughran (2014) stated that unemployment rates were also extremely high for veterans returning from military service and how many were not able to adjust to the organizational structure of civilian life. Research comparing the U. S. Military to the U. K. armed forces showed very similar suicide patterns according to Goodwin et al. (2015). Ahern et al. (2015) posits the challenges veterans encounter when transitioning from combat in Afghanistan and Iraq. Cunningham et al. (2014) stated that a successful transition is possible, and resilience can be seen with veterans receiving increased social support from family members, friends, and agencies deemed necessary to meet their immediate needs upon returning home.

The purpose of this qualitative study was to explore the lived experiences and perceptions of participants regarding resilience following discharge from the military. This was especially important because of the downsizing of the forces in both Iraq and Afghanistan. Whether service members are retired or discharged for other reasons, the transition is a complex and often an unexpected change. The increase in suicide among service members returning from the military now doubles that of the civilian sector. The

importance of this research was to gain an understanding of veterans' lived experiences and their view of the challenges involved in this complex transition.

This qualitative phenomenological study may contribute to the scholarly literature in the area of understanding what factors are beneficial in promoting resilience and the ability to successfully and effectively adapt and adjust to change by exploring the transition experience and perspective of post-combat and post-deployed veterans. I assumed that all participants in this study would provide honest and straightforward information about their lived experiences in their military to civilian transition. The limitations to study are the fact that experiences differed for each individual, and therefore, the transitions process have different meanings. I did not expect the findings to be applicable to all individuals in the military.

Chapter 2 will contain an introduction, literature search strategy, the theoretical framework, and a review and synthesis of the literature related to the phenomenon being studied and a summary of the chapter with a transition into Chapter 3.

Chapter 2: Literature Review

Introduction

Research on successful treatment approaches and suicide preventive strategies has become a serious priority for the reduction of suicide among veterans (Denneson, Williams, Kaplan, McFarland, & Dobscha, 2016; Goodwin, Wessely, & Fears, 2015; Ursano et al., 2014). Resilience military training and exercises are mandated for all active duty personnel as a form of suicide prevention. The most current research on military suicide indicates there continues to be a higher rate of military suicide and suicide attempts for transitioning combat arm soldiers, Special Forces and combat medics in the U. S. Army (Ursano et al., 2017).

The purpose of this qualitative phenomenological inquiry was to explore the lived experiences and perceptions of veterans regarding resilience following discharge from the military. Because military personnel are at greater risk of committing suicide than members of the general population, due to the environmental stressors of the military culture and organizational mindset, it was paramount that studies to increase resilience in active duty military members and veterans transitioning back to civilian status be viewed as an important element of suicide prevention (Ursano et al., 2014).

According to Masten and Garmezy (1985), resilience is a dynamic process of adjustment and an ability to adapt and effectively respond to stressful experiences and severe adversity. Cicchetti and Garmezy (1993) stated that resilience should not be viewed as a personality trait or personal attribute. One must be specific in defining and clarifying adaptation in any domain and resilience does not always imply positive

adaptation across all important domains of life experiences. Gaining knowledge relevant to the lived experiences of military to civilian transition may provide supportive ideas for intervention and prevention of suicide.

Chapter 2 will include relevant literature search strategies and the theoretical framework. The chapter will also include a discussion of the research associated with military suicides and attempted suicides, and reintegration and adaptability.

Literature Search Strategy

I conducted search for literature on literature military and civilian information using the Walden University research library, Academic Search Primer, PsycInfo, ProQuest, and Google Scholar. Search parameters included peer-review articles of military combat published from 2011 to 2016. Search identifiers included: *The Army Study to Assess Risk and Resilience in Service members (Army STARRS)*, *psychological health risk factors in soldiers deploying from war*, *invisible wounds of soldiers*, *mental well-being in post-combat soldier*, *military suicide*, *military addictions*, *unemployment in military veterans*, *military transition and support groups*, and *challenges of military families*.

Theoretical Framework

Durkheim's suicide theory was selected for this study because the military is a culture that is highly regulated and integrated. Most suicides of military personnel occur once the soldier has transitioned out of the military and out of areas of combat. Transitioning from military to civilian life means a social change from a highly regulated and integrated environment to a lower social regulation and integration, which Durkheim

argued would lead to a greater chance of committing suicide. Durkheim also suggested that a highly integrated and regulated culture, such as that of military life, is a deterrent to suicide. He felt that there must be social controls and regulations in order for individuals to live in mutual agreement and connectedness. He explained that when the integration and regulations are extremely high or extremely low, they have damaging effects to individuals and limit individuals in their ability to obtain achieve individual goals and desires.

Mueller and Abrutyn (2016) used Durkheim's suicide theory as a framework in understanding adolescent suicide in a very close-knitted community. They investigated extremely elevated levels of integration and regulation in a qualitative study in Poplar Grove, in the United States. This community was 90% White with a census of 50,000 residents. The public high school in the community had a high rate of adolescent suicides. To understand the experiences of suicide in this small community, Mueller and Abrutyn (2016) collected data through both semistructured interviews and focus groups. Instead of using Durkheim's more social structural (megalevel) approach, Mueller and Abrutyn (2016) used individual motives and feelings as first attempted by Bearman (1991). Mueller and Abrutyn (2016) argued that interaction between group dynamics and the individual could cause or prevent suicide and extremely high levels of integration and regulation can increase vulnerability to suicide. Participants were recruited through a government agency for suicide prevention in that community. The semistructured interviews consisted of 71 mental health professionals, i.e. psychotherapists, nurse

practitioners, doctors, counselors, suicide prevention specialist, schoolmates, neighbors, friends, and family members who lost a child to suicide (Mueller & Abrutyn, 2016).

Of the total respondents of 110 adults, 24 did not live in the Poplar Grove community. The total number of suicides over a 10-year span from 2005 to 2015 was the focus for data collection. All interviews were recorded with a digital recorder and transcribed and analyzed for themes in NVivo 10 software using abductive reasoning (Timmermans & Tavory, 2012). To protect the privacy of all respondents, the names, organizations, and places were changed, and any identifying data were excluded or modified. The findings from this study indicated that the population consisted of mostly college graduates with a median income of \$120,000 or more and their \$150,000 homes were paid for and there were very few rental properties in this small town. Community life consisted of fine arts, athletic events, religious gatherings, and tight-knit families with cliques. Outsiders found it very hard to make friends; and word traveled fast within the community and private details of others' lives slip into Poplar Grove's public domain. Parents discussed their children achievements at every community event. The town was envied for its academic excellence. The residents of Poplar Grove felt pressured to live up to the social expectations for the community members and made great efforts to be a good fit. Poplar Grove was one of the wealthiest little towns in one of the wealthiest states in the United States. Youth reported feeling pressure to achieve for their parents since as long as they can remember. They believed their parents were subject to internalized community pressure to meet the values and status as a member. Students took advanced placement classes (AP) and were encouraged to make it seem effortless.

Students are pressured to work hard and if they failed, it threatened their belonging within the community and their elite status within a social hierarchy. Students were forced to work through depression, stress, and strain without complaining or making a fuss about it. Student made efforts to avoid failing at all cost so that it would not become public knowledge. The key factors which may explain the high suicide rate in Poplar Grove were: Cultural scripts and rituals; youth fear of failure; and parents and youths refusing to seek help for the negative emotions and negative influences of living in disconnect to an extremely high integrated and regulated community. There was no alternative subsystem or choices from which to choose. When integration and regulation are at extremely high levels and there is a disconnect among the individuals, it loses its protective shield against risk and self-harming behavior (Abrutyn & Mueller, 2015).

Durkheim's suicide theory further suggested that society is a system of interrelated parts working together to maintain societal equilibrium. He felt that society reacts and moves toward a shared consensus of commonly held norms and values with boundaries and rules are set in place, and any disruption of the social equilibrium would have an enormous impact on society as a whole. Although integration and regulation does not cause suicide, elevating or lowering levels of integration and regulation can shape structural and culture conditions.

Durkheim's suicide theory was well suited to my study because military personnel, when unable to meet expected physical, social, and emotional goals for social conformity, social approval, and subjective well-being can experience to suicidal tendencies, especially among returning military members who are accustomed to having

all of their needs met while serving on active duty (Ahem et al., 2015). Durkheim posited that a breach or change in social equilibrium creates a catalyst for increased suicide rates. When transitioning from military to civilian life, the veteran may experience a switch in social boundaries, norms, values and rules. It is important that an inquiry into the soldier's lived experiences during this transition be explored.

This research using Durkheim's suicide theory suggest that social environment and cultural, norms, values, and beliefs greatly impact the success or failure of returning veterans. The Popular Grove research suggested: extremely high social integration and the individual's failure to adjust or adapt to the demands within a society can possibly lead to increase suicidal ideation (Abrutyn & Mueller, 2015). Prior preparation for change, disruptions and challenges in transition and disconnection from military life without a reconnection to a civilian support network are important factors to consider in suicide prevent and development of effective interventions.

War veterans may return to civilian life with diminished or ineffective strategies to adhere to common social beliefs, norms, and values, and an inability to obtain comfort, which can lead to self-injury or suicide (Ahem et al., 2015; Ursano et al., 2014). Durkheim claimed that the high rate of military suicide is directly related to the extreme elevation or lowering of social integration and regulation.

The proposition in Durkheim's (1951) suicide theory is that the high level of integration and regulation may serve as a deterrent to suicide among military personnel; however, extremely high levels of integration increases suicidal ideation. The armed forces, as an institution, government organization, and sociocultural milieu demand

complete commitment to the cultural system. The mental health and social well-being depend on individuals moving in sync as a group, unit, and/or company. Any behavior outside the expected norms or morals of this organization can result in a disruption of connectedness, which may result in internal sanctions. Durkheim also posited that a disruption in social connectedness could lead to suicidal tendencies in the military population. Deployment and duty away from families and loved ones is an expected occurrence. However, returning veterans unwilling or unable to reconnect or reintegration back into civilian life from military service may produce illness and/or self-harm and possibly harm to others.

In addition to using Durkheim's suicide theory, I chose Lindenberg and Frey (1993) theory of social production functioning to describe the universal goals for all individuals which centers on the desire to achieve both psychological, physical, and social well-being. Psychological, physical and social well-being is attained through the acquisition of money, food, and health care, and education, social class, social skills competence, affection, and attractiveness (Lindenberg & Frey, 1993, p. 191).

A research study by Liu et al. (2015) was conducted in Shanghai, China. Social production function theory was used to understand the subjective well-being of elderly migrants from 2000 to 2010. The migrant population in this 10-year span grew from 52,880 to 149,320 resulting in a total elder population of 1.60 local elderly and 2.11 migrant elderly. The Shanghai community is divided into five diverse groups: the traditional Shanghai residents originating in 1950s; the work units; the high-priced commercial communities, which originated with increased commercial marketing in

1990s; the low-price commercial communities; and the marginalize communities.

Because of the vast differences in lifestyles, socioeconomic status, values, and activity patterns (Lin, 2007), elderly migrants have limited income and a decline in mobility and functional capability, which renders them unable to change the negative influences of their environment. Liu et al. used five datasets to collect information: the 2000-2010 Shanghai Population Census, which contained basic information about sociodemographics and housing; the 2001 Shanghai Basic Establishment Census; the 2008 Shanghai Economic Census; the digital street network database; and the basic established census and economic census composed of information on local workplaces and economic activities (Liu, Dijst, & Geertman, 2014, p. 175). The findings indicated that segregation and inequality did increase especially in the high-priced communities. However, in the other communities there was substantial improvement in social and psychological well-being. The SPF-theory was linked to the local and migrant elderly having access to a variety of resources, such as health care, entertainment, and banks, clearly contribute to social and subjective well-being in both groups.

The social production function theory was useful for this study because it demonstrated how obtaining needed resources for psychological, physical and emotional well-being can be dependent on social circumstances and that of the individual. Because of the all-volunteer forces, wealthy families in the United States do not have to send their children into the armed forces. The armed forces is disproportioned in enlistment demographic local because it is highly composed of members from the southern part of the United States with low economic to middle-class status. Active duty service

members have their basic needs for subjective well-being provided through the structured military environment within the confinement of their military base or community.

Civilian cannot travel in and out of these military communities without going through strict security. Transitioning from the military involves not only a culture and environmental change and disconnect, but also a shift from collective interest and loyalty to an organized institution to individualism; without military comrades and the governmental guaranteed of benefits and resources. Veterans transitioning to civilian life find themselves stuck between to different social cultures, with different values, and community norms. It is important to understanding that the military-civilian culture gap causes veterans to have challenges with reintegration and regulation.

Veterans may find it difficult to successfully transition back into the civilian lifestyle because depression associated with the experiences of engaging in combat. The military culture expects soldiers to fight a war to win. Nevertheless, the cost of war carries a heavy psychological burden. Beckham, Feldman, and Kirby (1998) reported atrocities related to PTSD lingers in the minds of those involved and can resurface at any time. Drescher et al. (2011) and Litz et al. (2009) posits that many service members transitioning back into civilian life and frequently experience flashbacks of combat. Currier et al. (2015) posited that many returning combat veterans with unresolved guilt and shame will have problems with transitioning back as a civilian because of the destruction of their moral values and beliefs in humanity and about themselves because of their traumatic experiences during deployment to the war zone.

Maguen and Litz (2012) found that warriors returning to civilian status pose a high risk in a number of different domains; one domain being suicide attempts and preoccupation with suicide because of guilt and shame resulting in moral injury and PTSD. Currie et al. (2015) argued that moral injury experiences set the basis for PTSD. Litz et al. (2009) argued that society has a responsibility to address the social, physical and psychological well-being of returning combat veterans.

To obtain a better understand of the lived experiences of military members transitioning to civilian life and in an effort to provide appropriate interventions and resilience for successful transition, knowledge on issues related to physical and social well-being is significant. Lindenberg and Frey's social production theory is explicit in explaining that individuals build subjective well-being and adapt and adjust their idea of happiness according to the available resources or constraints experienced in their daily lives. The universal goal is physical and social well-being. Therefore, the availability of resources and social capital determines status and connection in social groups and community acceptance. My research builds upon the social production theory because of the difficulties and perceptions soldiers have that no one understands or support them. Smith and True (2014) suggested that social support and respect for veterans are significant in the well-being of veterans returning to civilian life and must be a collective effort to support the transition process; to include, finding meaning and purpose through gainful employment and social acceptance. Understanding the lived experiences and meaning-making of veterans' lives after transitioning to civilian life can influence the

development of effective suicide prevention strategies and increase successful adaptation and reintegration.

Literature Review

Suicide Prevention and Social Change

For centuries, philosophers expressed different perspectives on suicide, such as, suicide is a sin or suicide is a crime, individuals have rights to commit suicide and suicide is the responsibility and neglect of society. Pioneers in the discipline of suicide are French philosopher Jean-Jacques Rousseau, Western philosopher Dave Hume, Immanuel Kant and Sigmund Freud. Farberow, Litman, and Shneidman (1957) established the first suicide prevention program and crisis hotline in Los Angeles, CA and Farberow and Shneidman conducted the first archival research on suicide notes, which were stored in a coroner's investigation cabinet. The final paper from their study focused on "*dissembling*" and an individual's genuine and simulated intent to commit suicide. They defined "*dissembling*" as living a double life hidden and private from the rest of the world and clues prior to suicide are verbal statements, exhibit somatic and behavioral changes. The individual is normal and unsuspecting as if wearing a mask (Shneidman and Farberow, 1957).

Emile Durkheim's (1951) Suicide theory postulates that suicide in the military population is due to altruism and the degree of social integration. This implies that suicide rates will continue to rise when the group or the institution become more valued than the life of the service member. He explains that social groups, in which each member of that group is valued, results in lower suicide rates and individual self-interest

gives life meaning. Understanding social and individual aspects of military behaviors related to suicide is paramount in promoting resilience in transitioning veterans.

Macionis (2006) depicted social change within the U. S. related to suicide prevention escalated with the death of movie star, Marilyn Monroe. Farberow, Litman, and Shneidman's suicide prevention crisis-hotline was extended with volunteers from John Hopkins University Hospital and universal changes were seen on educational, religious and political levels (Spencer-Thomas and Jahn, 2012). Average citizens began to act as social agents advocating for expanded conceptualization toward an understanding of suicide (Spencer-Thomas, 2010, p. 3).

Spencer-Thomas and Jahn (2012) conducted a qualitative study using survey questionnaires for inquiry into the 10 most impactful theories in the history of suicidology and the 20 most impactful events in the history of suicidology. The participants were 27 leaders in areas related to research, prevention, post-prevention, and policy advocates in the field of suicidology. The questionnaires were created by the author and consist of 60 theories and 81 events from which to choose. The questions were entered into Qualtrics and participants were emailed with a link to the survey. The research was approved by the Texas Tech University IRB. The results of Spencer-Thomas and Jahn's research indicated that Shneidman and Farberow (1957), and Durkheim (1951) were nominated as having significant contributions to the history of suicidology (Spencer-Thomas & Jahn, 2012). The most impactful event in suicidology reflecting change in social views and prevention programs was scored by professionals in the field as being at the high levels of government.

For centuries, suicide was defined as an individual's crime against one's self with intention and motive while being fully aware of the consequence or result. Durkheim's suicide theory on military research suggests that suicide in military personnel has to be studied through the field of sociology and not psychology. Military research encompasses a social group, with a different social structure with a collective purpose (Durkheim, 1951, p. 46). Durkheim explained that a certain time or period after the disruption of a social connectedness brings about definite aptitudes for suicide. An inquiry into understanding how the military personnel transition and rebuild their lives on a social level is crucial. The gap is that most research has addressed the transition on an individual level. Avoiding isolation and being antisocial only contributes to depression and loneliness. The research questions proposed for this study addresses military personnel experiences in the disruption in family and the military society and feelings related to the absence of the military chain-of-command and fellow comrades. Suicide rate noticeably increased for both military personnel transitioning out of the military and for military personnel transitioning back to civilian life after combat in Afghanistan and Iraq.

Spencer-Thomas and Jahn (2012) phenomenological study described the meaning of the phenomenon and used an internet survey to collect data. The phenomenological analysis was performed by Qualtric's software. Qualtric is the most trusted and reliable software in the world. After surveying 27 professionals in the field of suicidology, findings suggested that Durkheim's contribution to suicidology was more significant and others in the field. Reliability and trustworthiness is vital in maintaining credibility.

Durkheim's theory that suicide must be studied in the social context rather than individual establishes the foundation for this study in understanding and gaining knowledge for the prevention of suicide and increasing resilience in transitioning veterans to civilian life.

Military Comprehensive Soldier Fitness Program

Macedo et al. (2014) from the Institute of Psychology and Psychiatry at Federal University in Rio de Janeiro, Brazil discussed the Comprehensive Soldier Fitness (CSF) program, which is patterned from the Penn Resiliency Program (PRP) that was typically constructed for children, adolescents, juvenile detention centers and primary care facilities. The DoD has spent over 125 million dollars to implement this program without studying its effectiveness in a military environment. Macedo et al. conducted an electronic search into the International Scientific Indexing (ISI), PsyINFO and PubMed databases and advance searches for information, studies, and programs designed to promote resilience, such as, increase well-being (Macedo et al., 2014, p. 3). Thirteen studies were selected from the result of their search. The findings indicated that three studies used resilience scales; one study measured hardiness construct; and three studies measured protective factors. After investigating samples of resilience programs with company employees, universities, industrial workers, students, soldiers and physicians, it was impossible to determine which program, intervention, approach or technique was effective. Macedo et al. posits that the only other meta-analysis performed related to program intervention was Brunwasser et al. (2009). Their research was on the effectiveness of the PRP to target depressive symptoms in children and adolescents and

not necessarily for promoting resilience in order to deal with adversities such as the military culture. Macedo et al. study offered information that many of the military programs aimed at fostering resilience in military service members has not been proven to be effective. Using a resilience program designed for children and adolescents may not necessarily meet the need for promoting resilience in post-combat veteran and career veterans transitioning back to civilian life.

Macedo et al. (2014) used a qualitative phenomenological approach to better understand the resilience programs designed for military personnel and presented an argument for the effectiveness of the Comprehensive Fitness Program. The argument stated that there was no support for the premises that the CSF program was effective for building well-being and resilience in military personnel. They suggested longitudinal sampling for future studies from occupations, such as, firefights, policemen and soldiers. Macedo et al. (2014) recommend that a baseline mental health assessment for each participant should be obtained prior to the exposure to a hazardous or dangerous situation because it is almost impossible to obtain valuable and reliable information without a baseline.

Military Suicide Research

Bush et al. (2013) reported that suicide rates among military service members increased for a consecutive four years after combat deployments to Afghanistan and Iraq. Information concerning military suicide risk and protective factors was collected on a DoD Suicide Event Report (DoDSER). In a joint effort to obtain total surveillance across military services, such as, the Air Force, Army, Navy, and Marine Corp, a web-based

data management system with analytic reporting features and standardized data collection capabilities was developed. The software was initiated in 2008 and all data was entered by medical personnel and forward to the Armed Forces Medical Examiner in an effort to increase accuracy of surveillance pertaining to completed and attempted suicide of military personnel. The software used such variables as: time of event, demographics, suicide event details, treatment history, psychosocial stressors, potential risk factors, and military and psychosocial history (Bush et al., 2013, p S24). The DoDSER database software system was used to conduct the largest suicide study ever conducted by the military in an effort to understand suicide and resilience in the military population.

The Army and the National Institute of Mental Health (NIMH) conjoined with the Army Study to Assess Risk and Resilience in Service members (STARRS, 2015) to research the widespread effect of suicide among military personnel. The research consisted of six major research components: the Historical Administrative Data Study (HADS); the Soldier Health Outcomes Studies A and B (SHOS/AB); the New Soldier Study (NSS); the All Army Study (AAS); the Pre-Post Deployment Study (PPDS); and the Pre-Post Separation (PPSS) Platform (Ursano, Colpe, Heeringen, & Keeler, 2014, p.107). The All Army Study (AAS) examined pre- versus post-enlistment risk factors for suicidal ideation. Among the 5428 Regular Army personnel selected for this research, 72.4% completed the self-reported questionnaires and informed consent. The Columbia-Suicide Severity Rating Scale (C-SSRS, Posner et al., 2011) was used to assess military participant's suicidal ideation, plans, and behaviors. The Composite International Diagnostic Interview Screening Scale (CIDI-SC, Kessler et al., 2013) was used in

assessing the lifetime prevalence of mental health disorders of the military participants. The sociodemographic and career variables of age, sex, rank, race/ethnicity and marital status were career variables used for criterial inclusion and comparison. After applying a multivariate equation for sociodemographic and Army career variables, the findings suggested that non-Hispanics, Blacks, Officers, and single soldiers had a significantly lower propensity for suicide plan, ideation and suicidal behavior. The AAS research found a higher rate of pre-enlistment mental health disorders predicting subsequent suicide attempts and suicidal ideations i.e., panic disorder, posttraumatic stress disorder, and intermittent explosive disorder. Post-enlistment mental health disorders included major depressive disorder and intermittent explosive disorder. An estimate of 60% of pre-enlisted soldiers had a history of suicide attempts prior to the time of enlistment.

In a separate study, Ursano et al. (2015) also examined medical documentation related to suicide and suspicious injury of Army personnel. A integrated part of the Army STARRS is the Historical Administrative Data Study (HADS) which examined all medical records of soldiers on who served on active duty for a 5 years period from the beginning of January 2004 to the end of December 2009 ($n= 1.66$ million). The International Classification of Diseases, 9th Revision-Clinical Modification (ICD-9-CM) was used to detect self-harming behaviors. The 10 classification codes are: (1) poisoning for solid substance; (2) poisoning from liquid substance; (3) injury by hanging; (4) injury by strangulation; (5) injury by suffocation; (6) injury by firearms; (7) injury by air guns; (8) injury by explosives use; (9) injury by cutting instrument; and (10) injury by piercing instrument. Annual incident rates were calculated based on ratio of the number

of soldiers in the category of definite suicidal attempt, probable suicide attempt and suspicious injury per year divided by the number person-years (i.e. soldiers per 100,000 person-years). Logistic regression analyses were used to examine sociodemographic predictors. Significance of predictors was measured with Wald χ^2 tests and statistical significance was determined based on .05-level two-sided tests.

The HADS research findings indicated the female, non-Hispanic White, with low rank, single, less education (GED or alternative school), and had entered the Army prior to the age of 21 was at significantly higher risk for definite suicide attempts and probable suicide attempts. The HADS review of medical documentation from 2004 to 2009 indicated that an averaged 185 to 799 soldiers attempted suicide per year. The rate of suicide attempts increased from 2004 by 405% and in 2008 by 2000%. Over the six-year period, definite, and probable suicidal ideation were significantly correlated ($r = .63$, $p < .0001$). The HADS research identified the need for further studies aimed at understanding the direct and interactive effects of the identified sociodemographic variables, as well as, other military characteristics, such as, occupations, deployments, demotions, and prior mental health problems.

The most recent study conducted by Ursano et al. (2017) examined suicidality related to military occupation. Using the STARRS (2015) data, active duty regular Army enlisted soldiers were grouped by person-month (training) from 2004 to 2009. The control group of person-month ($n = 153,528$) and the attempted suicide group person-month ($n = 9650$). Logistic regression analysis was used to identify occupations for enlisted soldiers. The results indicated that those soldiers first in combat (combat arms,

special forces, and combat medics) had higher rates of suicide attempts and completions than any other occupations in the Regular Army.

The STARRS data brings to light a variety of important factors pertinent to the rate of suicide seen in the military population. The importance of developing an outreach or intervention program for new recruits upon enlistment based on the facts that pre-enlistment mental health disorders are significantly elevated in new enlistees. It does not detail what protective factors may be enhanced for those military members and those who have transitioned and might consider components of resiliency in achieving successful healthy living

For the first time in military history, Bush (2013) and Ursano et al. (2015) used advanced technology to study suicide in military personnel associate with social demographics, social stressors and psychosocial history. Technology made it possible to connect military personnel with places of origin and cultural beliefs, values and norms. This data offered information about the psychological and social well-being of military personnel prior to entering the military. The study showed an increase rate of suicide in new recruits coming from a low integrated and regulated culture to the military highly regulated and integrated culture. The study also suggested that occupation poses a risk for suicide. The most life-threatening occupations and the occupations with extremely high regulated and integrated culture, such as combat arms, special-forces, and combat medics, showed in increase in suicide rates for the military personnel. Understanding the transition of military personnel back into civilian life poses a gap in this literature as they move from a society of high integration back to a society of low integration. Tightly

knitted social connectedness is not routine in civilian life as in the military culture. This disruption in connectedness poses a threat to successful transition. Inquiry into social support, family support and spousal support is paramount in understanding if the military personnel transitioning will be around people with whom they can trust and depend. Bush (2013) and Ursano et al. (2015) research captured an understanding of military personnel entering active duty service but it is also important to understand levels of adjustments, adaptations and psychological well-being when exiting out of the military. Nevertheless, the DoDSER software system has continued to be the most current and favored database for current research in military suicide.

The research into suicide prevention and physical, psychological and social well-being of military personnel has become a major undertaking and with this increased interest, and data collected has become more manageable with the use of major software and electronic databases. Department of Defense Suicide Event Report (DoDSER) is the first system to include all branches of defense department. This study became a building block for use in the STARR program; one of the largest military research studies documented in research of the military population. Bush (2013) and Ursano et al. (2014) used both qualitative and quantitative approaches along with electronic data analysis using thousands of participants; which was not possible a century ago. Using this electronic software provides trustworthiness and reliability. Even though data is stored and filed for further use, Bush et al. (2013) suggest further studies are needed in understanding the lived experiences of military veterans returning home and factors necessary for a successful transition (p. S24). Using a qualitative phenomenological

approach, my dissertation proposes to capture the essence of the veteran's experiences in transitioning and disconnecting from the military and reconnecting to civilian life.

Suicide Database

The DoDSER software system used for the STARRS research was later used with the National Violent Death Reporting System (NVDRS) research initiated by Logan et al. (2016) to identify the circumstance involved in military versus civilian suicide. The NVDRS database was comprised of information taken from law enforcement, coroner and medical examiners' death scene investigative reports. This information included open-ended interviews with witnesses and informants to the death incident, family members and suicide notes. Data was compared for familiarity and patterns along with physical evidence as to the cause of death. A multistep process was used to compare common variable in both the DoDSER and the NVDRS records. Veterans in the NVDRS were matched with veterans in the DoDSER to identify military service members of violent death. A civilian and military death comparative analysis was performed using age, sex, marital status, race/ethnicity, place and method of death and precipitating factors as control variables. The results of this study indicated that the majority of decedents were private (E-1) to Sergeant First Class (E-7) active-duty Regular Army. Approximately half of these active-duty soldiers had one or more deployment(s) and 19% experienced combat. The common stresses were legal military non-judicial proceedings for minor offenses, absent from duty without leave (AWOL) and court martial proceedings. Over half of the military decedents had mental health related problems, problems with significant others (spouse, mate, partner), and both civilian and military

decedents were equal in comparison for job related problems and substance use problems. There was no significant difference between the groups for military and civilian for receiving mental health treatment, but a small number of military members had prior suicide attempts versus the civilian group of decedents. The findings from this comparative study indicated that, even though there was no significant difference in the method of suicide for military and civilian groups, the common triggers for suicide were believed to be untreated mental health problems, problems with spouse or significant others, substance abuse disorder, financial problems, and legal problems relating to their employment. These triggers were viewed as psychosocial and environmental problems that possibly attributed to mental health problems (DSM-IV-TR, 2000).

Logan et.al (2016) continued to use the national database in a separate archival study to examined violent deaths medical records of 2,026 military decedents from 16 states within the United States. Most of the military decedents were White (non-Hispanic) males (95%) ages 18-35 years, and half were married. The decedents diagnosed with depressed mood and mental health problems totaled 334, and 203 had mental health diagnoses. This archival research once again confirmed that the most common mental health diagnoses were stress related and alcohol related, such as, major depressive disorder (MDD) or posttraumatic stress disorder (PTSD), legal problems and suspected alcohol intoxication. Firearm was the weapon most used in military veteran suicides. This archival research provided a view of the character and culture of deceased veteran's according to their medical records. Gender, race, marital status and cognitive dimensions related to veterans and the variables related to suicide. The overall view of

military committing suicide is sobering, and greater understanding of those who attain a healthy adjustment after their military experience and upon return to civilian life is need for further intervention in to suicide prevention.

Logan et al. (2016) using both the STARR software and the national database concluded that triggers for suicide among veterans transitioning back to civilian life were viewed as psychosocial and environmental problems. This is the first research to find social stressors and mental health problems in mostly White and Hispanic males between the ages of 18-35 years. Again, the research failed to explain the decay and erosion in social capital, increase in unemployment of military personnel, abandoned pursuit of kindness and public good found in many communities and neighborhood. It is paramount to gain an understanding of the social fabric in which the veteran returned and feelings about social dynamics and status changes with transitioning back to civilian life. Both Durkheim and Lindenberg and Frey suggested that once subjective well-being or social equilibrium is disrupted, alternative choices and resources may not be available; suicide risk increases.

This literature relates to my study because Logan et al. (2015) used a qualitative approach in comparing civilian and military suicide along with the national database and STARR software and conclusions are consistent with Durkheim's suicide theory that psychosocial and environmental influences affect the increase or decrease in suicide rate. Triggers that increase psychological stress and decrease social and physical well-being are important compelling forces exerted by the environment in which veterans live. It is

important to understand the challenges and barriers encountered by veterans and those circumstances that negatively influenced a successful return to civilian life.

Undiagnosed and Untreated Depression

Hoge et al. (2004) was the first comprehensive study in the United States for posttraumatic stress disorder in service members during pre-deployment and post-deployment to combat in Iraq and Afghanistan. The samples used for this research were three combat Army infantry units and one Marine Corp unit. A standardized self-administered screening instrument to assess mental health disorders, such as depression and anxiety, in service members pre-deployment ($n = 2530$) and post-deployment ($n = 3671$). Findings indicated that 90% of veterans were exposed to live fire, 80% acknowledge having a mental health problem. The majority of these expressed concerns associated with stigma from peers and commanders and the possibility of being labeled a coward or malingerer.

Cox et al. (2011) investigated the suicide deaths of Air Force personnel and hypothesized that the stigmatism associated with the service member's openness to unit commanders prevents them from asking for medical healthcare or spiritual guidance. The sample was death investigation files from 2000 to 2006 for a total of 237 airmen who died by suicide. The average age was 29.65 (SD=8.46); 86% male; 81.6% White; 10.2% Black; 3.1% Asian; 3.1% Latino/Hispanic; 2% unknown; 50% married, 14.3% divorced; and 1% never married. Military rank consisted of 43.9% private to corporal; 41.8% airman (Amn) to airman first class (A1C), 14.3% officers and 1% unknown. The investigation files included: interviews with family, friends, and coworkers; personal

records, and coroner's reports. Suicide notes, pictures and other evidence from the death scene were also reviewed by the researchers. Variables extracted from the data (n = 453) was electronically coded. A coding manual was also used to code the 13 risk factors: agitation, anger, hopelessness, loneliness, loss of job satisfaction, loss of status, missed friends, perceived burdensomeness, rejection, revenge, shame, self-hate, and thwarted belongingness (Cox, Ghahramanlou-Holloway, Greene, Bakalar, Schendel, Nademin, et al., 2011, p. 400). Institutional Review Board permission was obtained to conduct the research. The findings to this study cannot be generalized to the general population nor to any particular branch of service but suggested that loneliness, not verbalized or communicated, was the highest risk factor for suicidal behavior. Not verbalizing a need for help with stress in the military has long being associated with stigma and mental health barriers concerns.

Wilson et al. (2008) used a Soldier Technology Survey (STS) to examine veterans' knowledge of technology and willingness to receive mental health care via virtual reality and teleconferencing to alleviate stigma and other mental health care barriers. The study was approved by Madigan Army Medical Center. The study included 352 pre-deployment and post-deployed Army soldiers at Fort Lewis, Washington. Over 90% were male, approximately half had a high school education and a sixth of them had a college degree. Sixty-three percent were White, and half were enlisted rank. All of the service members owned computers or used computers in the work setting. The experience levels of participants' computer knowledge were assessed using a survey and Likert scale from 1 (do not know what to do) to 5 (used it many times). Knowledge was

assessed on email, downloading a file, installing a program, using USB flash-drive, iPod and video, cellphone, cellphone navigation to internet and using a chatroom. Thirty-three percent of the soldiers not willing to receive face-to-face therapy were willing to use the alternative technology approach for mental health treatment.

These findings were significant in understanding the barriers to mental health services. There is a need to secure privacy for veterans requesting mental health services in an effort to remove barriers to mental health care for continuity and effectiveness in providing treatment. These studies have exposed the fear service members experience toward losing veterans' benefits, fear of losing a connection with peers and commanders and fear of being labeled a coward. A technology-based approach to mental health care offers an alternative for a secure and private form of treatment for those service members not willing to talk face-to-face with a therapist.

Both Cox et al. (2011) and Wilson et al. (2008) addressed the stigma associated with mental health care. Military personnel avoid disruption of the military social environment at all cost for fear of rejection by commanders and peers. Many veterans transition back into civilian life with untreated mental health problems and are not able to adapt or adjust to the demands that come with the social change. They find themselves isolated or detracted from society; which lead to excessive individuation and increased risk of suicide (Durkheim, 1951, p.217). Technology to address mental health care has been used as an option for providing privacy; but also leads to isolation and loneliness.

Cox et al. (2011) suggest that future research include other populations rather than mostly the male population and further examination of the different risk factors between those decedents who left suicide notes and those who did not could be very beneficial (p. 404).

Using a qualitative phenomenological approach to understand the experienced and perception of the returning veteran is crucial. How do we understand the needs and support needed for returning veterans? How do we understand their feelings of isolation and disconnectedness? It is only through inquiry into their lived experiences. It is through their eyes and their emotions and perceived rejection and abandonment that we began to understand how they give meaning to their experiences. Through semi-structured interviews, one can better understand the problem by reflecting on essential themes. A textual description of the veterans' experiences can provide essence or essentials of the lived experiences of veterans transitioning back to civilian life. The research questions address the family support and transition into employment and social activities. It is through this research that the possible essentials can be related to other populations and other disciplines for suicide intervention and prevention.

Post Combat Research

Mansfield et al. (2011) from the department of epidemiology at the University of North Carolina conducted a correlational study with a sample of 3,746 Navy and Marine Corp Personnel. They hypothesized self-harming behavior was associated with depression and mitigated by resilience; (2) effect of combat exposure was mediated by PTSD and depression symptoms; and (3) the role of resilience, substance abuse and service branch in moderating these effects. Measuring instruments included: PHQ-9;

Center for Epidemiologic Studies Scale (CES-D; Radloff, 1977); PTSD Checklist-Civilian Version; two-item conjoint screen (TICS) and Composite International Diagnostic Interview-Substance Abuse Model (CIDI-SAM) and the 25-item Connor-Davidson Resilience Scale (CD-RISC; Conner & Davidson, 2003). Findings suggested that risk factors for suicide ideation included PTSD and substance abuse, and protective factors included resilience and social support. Combat exposure and drug and alcohol use associated with depression and suicidal ideation in military personnel. Extended lengths of combat exposure contribute to an increase in stress trauma and mental health problems, such as, PTSD and depression. Undiagnosed comorbid, combat-related, mental health conditions may present a barrier to the successful transition of Veterans to civilian status.

Mansfield et al. (2011) recommend further studies concentrating on the use of verbal and non-verbal communication, gestures, emotions and facial expressions with sensitivity toward affect and emotion. They propose that observation and detail in the presence of a face-to-face interview offers the ability to unlock subjectivity related to difficulties coping with stress and hopelessness. The research should look for “what does not happen when it is supposed to happen.” (Merriam 2009, p. 121). This qualitative phenomenological research mirrors my research efforts because post-deployed and post-war veterans shared their stories and life experiences psycho-social challenges as they transitioned from military into civilian life. Their social well-being was especially affected because their job training did not translate into the civilian work force and for this reason, they were not able to meet their physical and financial needs and the needs of

their families. The veterans in this research also gave meaning and further understanding to a major turning point in their lives where there was an emotional and cognitive disconnect.

Beardslee (2013) discussed the importance of family-centered intervention for military families because of multiple deployments of one or both parents and the effect on children and their development. He emphasized the importance of effective communication especially with a family member returning home with a combat injury or psychological injury. Beardslee referenced Lieberman and Van Horn's (2002) belief that multiple deployments cause changes in the family dynamics, role changes, financial strains, maternal depression and changes in the relationship among family members. They emphasized the need for further research involving collaboration with the services member and the supporting family members. The family approach is important for making new meaning of well-being over time. Making meaning and well-being is not just an individual perception, it involves deeply held thoughts and beliefs about one's social, relational and spiritual existence. Lieberman and Van Horn's research stresses the importance of using family or significant others in the process of healing and making meaning of life. My current research seeks to understand family and friends as a social network and resource for transitioning veterans.

Both Mansfield et al. (2011) and Beardslee (2013) agreed that making meaning and fostering successful transition from military to civilian life is closely associated with family and social support and resilience. According to the researcher, the gap in the literature regarding how well the family related to understanding the feelings and

emotions of the returning veteran. Veterans often state they do not believe society understands them and it takes another veteran to communicate true feelings and emotions. In addition, these researchers recommend further studies need to be done in order to help families understanding how to communicate with the veteran about his or her lost and disruption in the military social setting and how to invite the military personnel back into civilian life. The research questions address meaning-making, relationships and removing barriers to success.

Using a qualitative phenomenological approach to better understand past trauma, depression, and family and social support can possibly offer significant information on the veteran's views of mental health services and relationship with family and friends. Understanding the problem associated with isolation and inability to work is paramount in establishing and maintaining physical, psychological and social well-being. Military transition is stressful and highly individualized. Understanding one veteran's challenges may not be related or similar to another veteran's life. However, repetitive themes of marital breakdown, unemployment, physical and mental health issues can possibly offer some insight into the meaning-making of the transition experience for military veterans.

Veterans' View of the Transition Process

Ahern et al. (2015) from the Division of Epidemiology at California University, Berkley, used qualitative phenomenological research and inductive thematic analysis to gain a better understand of the lived experiences of veterans returning to civilian status a year or less after combat in Afghanistan and Iraq from 2009-2011. The sample group consisted of 24 veterans from all five branches of the armed forces from ages 22 to 55.

Semi-structured interview was used, and participants were interviewed both in person and by telephone. Key topics continued to emerge repeatedly, and the three themes developed from the interviews were: a disconnect from family of origin and a close connection to the military; civilian life is abnormal and unstructured; and not able to fit in or find new meaning. The findings described how veterans view the military life as family, caretaker because there was always someone there for them. They felt that the military environment was structured as “black and white” (Ahern 2015, p.5). This structured environment was viewed as safe and dependable. Many veterans described civilian life as abnormal and felt alienated when they returned home. There was a feeling of disconnect from family and friends. They felt that they could not relate and was often misunderstood which led to alienation and a decrease in much needed support. Employment was difficult because it was almost impossible to translate the military occupation into civilian equivalent. Most veterans found it challenging to organize their lives because of the lack of civilian structure, meaning and purpose. They felt civilians did not care about their experiences with war and combat. Many veterans felt that the military veterans’ systems failed them upon returning home from war.

Kukla et al. (2015) conducted a mixed method research of 40 veterans receiving mental health services from the Veterans Administration Medical Center in the Midwest. The purpose of the study was to gain an understanding of how the veterans viewed the transition process and their ability to secure gainful employment. They used quantitative data analysis using SPSS to compare the combat group ($n = 21$) with the non-combat group ($n = 19$). Veterans with PTSD, bipolar, schizophrenia spectrum disorder, and

major depressive disorder were eligible for the study. The researcher used open-ended interviews and a self-reported survey to collect data. Demographic data included sex, ethnicity, marital status, education, mental illness, disability, military background, and work history. Quantitative analysis included: health domain, interpersonal domain, self-experience domain, characteristic between employer and workplace, job compatibility between military and civilian work setting and transitional resilience. The findings indicated that the majority of veterans stated they felt like losers and were very depressed upon transitioning home from the military. Those returning home from combat described their experience as a time of confusions and uncertainty. They felt unprepared to face civilian life. Eighteen of the participants stated, “I didn’t know when you get kicked out of the service, when I got kicked out...it was just like, well, here you go. You, it just basically seemed like I was walking out of jail...And there was no training besides the training I learned from combat and how to be a leader and, but I mean, not civilian skills” (Kukla et al., 2015, p. 483). Thirty-nine of the forty participants expressed negative experiences. Many employers refused to hire them because there was still a chance of deployment and many of those who thought their jobs were guaranteed them after military deployment returned to no job at all. They illustrated the lack of fit for military to civilian occupational skills and compatibility.

Research questions for this study addresses employment and the ability to meet physical needs. This research shows that service members often times feel unprepared to change from military to civilian life and their occupational skills do not translate into civilian jobs. Durkheim (1951) expressed that a disconnectedness or disruption in an

individual's environment and status can lead to suicide. Veterans often times returning to civilian life and a state of poverty and status below their normal expectations.

A qualitative phenomenological approach and semi-structured interviews related to the concept that psychological stress in veterans returning to civilian life is related to a feeling of disconnected can only be understood as the veteran present his meaning-making of the lived experience in leaving the military environment and returning to the civilian culture. Through face-to-face interviews, the researcher can capture the veteran's lived expectations upon returning to civilian life versus the realities he or she encountered. It is only through these semi-structured interviews the veteran can describe the disconnect and breakdown of the family units and social and environmental changes. Descriptive data related to these issues could possibly provide information needed to decrease suicide and increase prevention and interventions.

Reintegration and Adaptability Research

Cunningham et al. (2014) depicted that returning veterans with more than two years of failure to adjust and adapt to civilian life or long-term adjustment problems were probably exposed to high levels of combat, stressful deployment environments and lack of social support upon returning to civilian status. This research hypothesized that veterans returning from combat and adjusted within 12 months had less combat exposure during deployment, high social support on returning home and had high resilience. Participants totaling 128 (106 male and 22 female) volunteered during their 90-180 days post-deployment active duty Navy reassessment screening. Those screened as a risk to self and/or others were excluded. A demographic survey was administered inquiring

about age, gender, rank, education, ethnicity, military occupation, marital status, number of deployments, and combat experiences. A Post-deployment Readjustment Inventory (PDRI) was administered to measure adjustment with reintegration. The Connor–Davidson Resilience Scale (CD-RISC 25) was used to measure resilience. A Post-deployment Social Support Scale, Deployment Environment Scale, Combat Experiences Scale-Modified, and Social Readjustment Rating Scale-Schedule of Recent Experiences were administered. The findings indicated that 67% of the participants were White and 32% Black with 100 participants in the enlisted ranks, mean age 32.5 and 89% without a college degree. This study partially supported the hypotheses that veterans with low combat stress during deployment, high social support and high resilience adjusted faster and within 12 months of returning home. High levels of combat exposure and stressful events were not significant to post-deployment readjustment. This research stressed the importance for understanding the beliefs and emotions of veterans returning home from the military. Change in environment, feeling of abandonment, lack of support, and unmet physical and emotional needs are important issues in developing programs for interventions to increase resilience in military veterans and reduce the risk of suicide.

Hatch et al. (2013) from the field of psychological medicine, war studies, military health research, defense mental health research and psychiatry in the United Kingdom aimed to assess the mental health condition of military personnel as they deployed to Iraq, Afghanistan and transitioned to civilian life. This research emphasized Durkheim's (1951) social integration concept on the degree of involvement or attachment to social institutions, organizations or groups has an impact on mental health. They support Coser

(1974) belief that the military environment changes an individual's thinking or mindset from self-interest to collective interest. The research design was a cohort study using quantitative and logical regression analyses. Researchers mailed out surveys and questionnaires. Participants were military personnel deployed and non-deployed during the War in Iraq in 2003; new enlistee in 2003; and those deployed to Afghanistan from April 2006 to April 2007; total participants ($n = 9984$). Data collected began in November 2007 to the end of September 2009. Reservists were not included in the study. They were asked to complete a general health question (GHQ-12) (Goldberg and Williams 1988), a National Centre checklist for PTSD (Weathers et al., 1994); and a World Health Organization questionnaire (Babor et al., 2001). These three instruments collected data about general health, anxiety and depression and alcohol use. Social integration was measured by having participants ranking 10 activities from a categorized list (team sports, religion, friends, hobbies/clubs, volunteer, pubs, gym, education, outdoor activities, and other activities) on a scale of 0-10. Socio-demographic information included gender, age, rank, and branch of service. Data analyses was performed electronically. There was service member who had transition from the military ($n = 1753$). Results indicated that the increased number of social networks decreased the likelihood of mental health problems and having no social networks increase the likelihood of depression and anxiety. Also, being in a relationship, such as marriage, decrease alcohol consumption. Alcohol use was high in single soldiers. The predictability for common mental health problems was higher than PTSD. The final suggestion from this research was that transitioning veterans may need many resources,

such as, housing, employment and medical care, but they also need assistance in identifying social networks outside of work and the military. Many are rusty on their socialization skills with re-entry into civilian life.

Durkheim's (1951) suicide theory suggests that moving from a highly integrated and highly regulated environment to a low integrated and regulated environment can lead to suicide. Military personnel transitioning to civilian life are moving from a culture of collective interest to a culture of individualism and that mindset calls for a shift or an adjustment and adaptation in perceiving and thinking. Durkheim's suicide theory suggests that excessive individualism increase the risk for suicide. The military mindset has to be prepared to change. This is not always easy.

Cunningham and Hatch et al. used surveys to collect data and the results from the survey indicated that high social support increase the chances of resilience and successful transition in military veterans within a year of returning home, and decreased social support increased psychological stress and the possibility of suicidal ideation; which is in sync with Durkheim's suicide theory. However, it has been proven that rich data regarding life experiences cannot be gather using a survey (Creswell, 2007). Therefore, qualitative phenomenological research will be used with face-to-face interviews to inquire into the live experiences of the support systems beneficial in their transitioning back to civilian life and challenges they encountered in gaining meaningful employment.

Identity Conflict

Demers (2011) conducted a qualitative research of veterans' transitioning to civilian life from Iraq and Afghanistan from October 2001 to March 2003. This research was approved by the San Jose State University IRB. Participants were recruited via internet advertising, colleges and universities, VA hospitals and clinics in San Francisco, Oakland, San Jose, and San Diego, California. Paper fliers were dissemination through coffee houses and nonprofit organizations. A total of 45 participants volunteered and visited the internet Web site Swords to Plowshare and completed the demographic survey. Participants were provided a date and time to attend a face-to-face focus group where a semi-structure interview was conducted to elicit narratives about the lived experiences of veterans transitioning to civilian life. Six separate focus groups were conducted. Pre-deployment themes retrieved from the interviews were: we are warriors, no fear, and feeling high. Post- deployment themes consisted of: time travelers, no one understands, and crisis identity.

All veterans felt disconnected, lonely, and in desperate need to reconnect with another veteran who would understand what they were going through. Demers (2011) cited Collins (1998) belief that service members were stripped of their social identity during their transition into the military and this created a civilian-military cultural gap (p. 216). Adler and McAdams (2007) posited that this civilian-military cultural gap may cause veterans to live between two entirely different cultures with opposing societal context (p. 163). Understanding that a military-civilian culture gap causes an individual to live between two opposite societies or cultures could possibly lead to an area for

further research on whether another veteran can really offer the effective support and treatment versus a mental health provider.

Smith and True's (2014) research analyzed the identity struggle and examined the living experience of soldiers making transition from military to civilian life. This qualitative study used one-on-one interviews with a total sample of 26 U.S. post-combat veterans of wars in Iraq and Afghanistan from all branches of the armed forces. Only six of the participants were over 40 years old and five were women; 14 non-Hispanic whites, 7 African American, 3 Asian Americans and 1 Latino and 1 Muslim. Semi-structured interviews and non-directive open-ended questions were used to solicit the identity process from military service to post-deployment and transition into civilian life. Findings suggest that the military is a total institution where individuals become property and work for the collective group where rules of behavior are strictly detailed, and punishment ensues if one fails to follow orders. There is a high rate of suicide among young male post-enlisted service members because they grow up in the military at an early age and all their social networks and supportive relationships are connected to the military. Once discharged back into the civilian world, they feel disconnected from friends and family.

This literature supports my research proposal because it indicated that it was not necessarily post-combat or post-deployment that caused adjustment problems and challenges in veterans returning to civilian life. It may be the shift from civilian to military culture all together and lose of belongingness. Although post-combat veterans encountered more problems with physical illnesses and mental health disorders, both

group of veterans encounter challenges in reconnecting to the civilian culture, communicating effectively, gaining employment and connecting to family and significant others. This research also places emphasis on Durkheim's study of the feeling of disconnectedness and loss of belongingness felt by military personnel as they transition from the military to civilian life. Many faced challenges reconnecting to family and friends. Smith and True (2011) suggests further research is needed on how to fill the disconnection (p. 160). It is paramount to understand how the veteran is able to remove barriers to success and overcome obstacles of unemployment, loss of significance loved ones and other unfulfilled physical, social and emotional needs.

A qualitative phenomenological approach was used in this research to understand the perception of loss identity in military veterans returning to civilian life. My research methodology will also use a qualitative phenomenological approach to study the lived experiences and perceptions of military veterans' transition back into civilian life and to gain insight into their ability to adapt to changes in family and society and ability to access gainful employment in order to meet the universal goal of physical and social well-being.

Summary

A review of the literature suggests that veterans face challenges in the transition from military to the civilian culture where the two social settings are in opposition to each other. Because the veteran has been stripped of his identity for the civilian culture, he can no longer relate or connect to the structure of this environment. The military culture requires unconditional loyalty and obedience to authority and directed commands

without questions. Gaining understanding and meaning of the lived experiences of veterans as they attempt to reintegrate and adapt to the transition from military to the civilian culture involves adapting to the military to civilian cultural gap. An inability to adjust can result in feelings of disconnect with family and friends and an inability to maintain gainful employment. It is important to acquire an understanding of veterans' lived experiences in an effort to find meaning in how to address the emotional, psychological and social needs. This qualitative phenomenological study seeks to gain clarity into the lived experience of military veterans and the challenges and resources that prove beneficial in their transition experiences to civilian life. There is a gap in the current literature regarding psychological and emotional stress in veterans in relation to what is needed to increase resilience in military members and veterans as an important element of suicide prevention (Ursano et al., 2014). This study explored the meaning making of the military service member's transition process and experience. An inquiry into the challenges and barriers faced during that transition period will offer an insight into what is needed to better prepare the service member for the culture change. This will add to the discipline of both psychology and sociology in decreasing suicide and eliminating social, environment and individual stressors which pose a threat to successful transitioning from military to civilian life.

The methods to be discussed in chapter 3 will include the research design and rationale for the study, the methodology proposed, the participant selection logic, instrumentation, procedures, and data analysis. A qualitative research design will be used to capture the thick descriptive themes emerging from the veterans' lived experiences in

transitioning from military to civilian life. Trustworthiness and ethical considerations are also included in this chapter. Using a qualitative approach will allow veterans to give their story and meaning-making pertaining to the emotional and psychological stress of transitioning from military to civilian status and the challenges of finding the necessary resources and available social groups as important elements for their success. This will offer insight into what is needed to fill the gap of transitioning service members without the feeling of disconnectedness and loneliness. It will also provide information on necessary resource for resilience building and prevention of suicide. It is important I use the qualitative phenomenological method to approach the gap in the literature. This phenomenological methodology is further discussed in chapter 3. The ethics training certificate is included (Appendix B).

Chapter 3: Research Method

Introduction

This chapter includes a description of the framework that I used in this study. The use of a qualitative approach was outlined, and the phenomenological method was detailed. My goal for this study was to understand the thoughts and perceptions of U.S. military personnel transitioning back into civilian life and the lived experiences and resources beneficial to promote success. Chapter 3 contains the research design and rationale, developed research questions, procedures for recruitment of participants and data collection, data analysis plan, and issues of trustworthiness which include credibility, transferability, dependability, confirmability, intra- and intercoder reliability, and a summary.

Research Design and Rationale

I implemented a qualitative phenomenological inquiry design for this study. Qualitative research is an inductive paradigm that contributes to illumination of meaning and was used to capture stories in order to understand the perspective, thoughts and lived experiences of others (Patton, 2015). For this study, focused on participants' thoughts, perceptions, and lived experiences as the units of measure allowed for collection of data that was rich, thick, and contributed to the level of detail that facilitates an understanding of a phenomenon in its entirety (Tracy, 2013).

The following research questions were used:

RQ1: What were those lived experiences of the military service members as they transitioned from military to civilian life?

RQ2: What support systems were beneficial in transitioning back to civilian life?

RQ3: What did military service members consider to be challenges in securing employment?

RQ4: What events and circumstances negatively influenced a successful transition back to civilian life?

The phenomena of interest for this research were the lived experiences, challenges and resources encountered by military personnel as they transition from military to civilian life. I collected rich interview data in an effort to provide context regarding the phenomenon. I conducted semi-structured interviews to collect data for a deeper understanding of these lived experiences.

Role of the Researcher

I was the primary data collection, analysis, and reporting instrument within this qualitative study (Peredaryenko & Krauss, 2013; Tracy, 2013). I engaged in the study as an observer (Gold, 1958). In this role, I did not directly interact with the setting the participant described and it was a tool for data collection. I had no personal or professional relationships with the participants.

Methodology

Participant Selection Logic

The target population was a sample size of 10 veterans with prior experience in Army Infantry, Artillery, Special Forces or other Military Occupational Specialties with post-combat and/or post-deployment experiences. They met the criteria for inclusion if they had prior military experience in combat and if they had transitioned out of the

military in the last 10 years. Active duty military were excluded from the study.

Qualitative studies typically use smaller sample sizes, to allow for more in-depth data collection from participants (Braun & Clark, 2013).

Instrumentation

I gathered data for this study using semi-structured interviews and open-ended questions (Appendix E). Creswell (2013) suggest that open-ended questions using a semi-structured interview technique offers optimal results in a qualitative study by collecting in-depth data from participants. The questions made inquiry into how many combat deployments participants had encountered. I also incorporated prompts to gain more insight and clarity regarding the participant's meanings, thoughts, and perceptions of transition back to civilian life. Interviews and interview protocols offered a means of collecting rich qualitative data (Beitin, 2008). Bogdan and Bilken (1992) hypothesized that conducting interviews using an interview protocol is effective in collecting qualitative data. Open-ended interviews were the best way to capture participants' perceptions of the challenges and resources related to transitioning from military to civilian life within this study. Royse (2004) posited that open-ended interview questions provide additional insight into the personal reflections of these participants as they exhibited resilience in the transition to civilian life.

The use of recordings strengthened credibility and offered validity to the information gathered in the study by ensuring that participants' perceptions were reported accurately and in their entirety.

Researcher-developed Instrument

The data sources for examining the research questions included a socio-demographic information sheet (Appendix D) specifically focused on age, marital status, number of children, ethnicity, highest education, income, occupation, religion, number of combat deployments, number of non-combat deployments, branch of service upon discharge, and highest rank upon discharge. This information sheet took approximately 5- 10 minutes to complete. A face-to-face or telephone semi-structured interview with participants was completed within 45 minutes – 1 hour. Interview questions (Appendix E) were used to guide the interview and probes were used as needed in an effort to collect rich descriptive data. Content validity was measured by relevance of the research questions and interview questions to Durkheim's theory of suicide and Lindenberg and Frey's (1993) social production function theory. Research Question #1 (RQ1) and Research Question #2 (RQ2) (What are the lived experiences of military service members as they transition from military to civilian life? What experiences or circumstances negatively influenced a successful transition back to civilian life?) were closely related to Durkheim's (1951) suicide theory of the disruption of the social environment and extremely high regulation or extremely low regulation of a social culture. Research questions three and four (What support systems were beneficial in transitioning back to civilian life? What do military service members consider to be challenging to securing meaningful employment?) were closely related to Lindenberg and Frey's (1993) social production function theory pertaining to physical well-being and social well-being.

Procedure for Recruitment, Participation, and Data Collection

Every potential participant was identified via Craigslist and Walden Participants Pool with an MOS of Army Infantry, Artillery, Special Forces or other military occupational specialty and were asked to volunteer for the study if they had retired and transitioned from the military within the last 10 years. Active duty personnel were not allowed to participate in the study because they lack the lived experiences of permanently transitioning out of the military service. The initial contact was made via email as identified by Craigslist or Walden University Participants Pool. They were contacted by telephone if referred by other veterans participating in the research study. Communication continued with the volunteers interested in participating in the study. This convenience sampling does not represent the universal representation of the armed forces. I continued to recruit until 10 participants had been obtained. I conducted the interview over the telephone or met with the participant at an agreed location agreed upon, such as a private office. An informed consent was obtained from the participant. Data was collected using taped recordings. There were no follow-up interviews. Participants were provided information on how to contact the researcher for further questions.

Data Analysis

Patton (2015) posited that qualitative researchers must analyze and compare significant units of data, interpret themes from data analysis, and report patterns and findings in a qualitative study. Patton stated that qualitative analysis may be weakened as researchers find different findings emerging from the same sources of data. To enhance

the strength of the data analysis, and subsequently of the study, I followed a methodical data analysis approach.

As described by Campbell et al. (2013), I connect data for this qualitative study to a specific theme or code and utilized the reproducibility methodology for developing reliable code schemes from the data collected through semi-structured interviews of veterans' thoughts and perceptions regarding their lived experiences of transitioning from military back to civilian life. The connection of the data to specific research questions is demonstrated in Table 1 below.

Table 1

Research Questions and Interview Questions

Durkheim's Suicide Theory (1951)	Research Questions	Interview Questions
	RQ1: What are the lived experiences of the military service members as they transitioned from military to civilian life?	1. Tell me about your experience in transitioning from the military back to civilian life.
		2. Where you well prepared by the military to transition?
		3. What major disruptions in your family, personal, or social life occurred during this transition?
		4. Tell me more about the change from a military career to a civilian career.
		5. Tell me about your experience of not have a chain of command and absence from the military culture.

Durkheim's Suicide Theory (1951) (cont.)	Research Questions (cont.)	Interview Questions (cont.)
		6. What were your feelings about being away from your comrades and not have that connection to the military family?
	RQ2: What events and circumstances negatively influenced a successful transition back to civilian life?	1. What emotional or physical trauma did you encounter during your military duty?
		2. Were you ever wounded or did you see one of your comrades wounded or killed during duty?
		3. Did you have any disability or medical concerns to consider during your transition back to civilian life?
		4. What are your perceptions of the civilian's view of the armed forces?
		5. What do you perceive is the civilian's knowledge and understand about the armed forces?
		6. Did you have any challenges in adjusting to the civilian culture?
Social Production Function Theory- Lindenberg & Frey (1993)	RQ3: What support systems were beneficial in your transitioning back to civilian life?	1. Tell me about your ability to meet financial needs for food, housing and health care when you return to civilian life.
		2. What resources were beneficial in helping you

		meeting your primary needs for food, housing and health care? 3. Did your social status change after your transition as a civilian due to education or physical capabilities?
	RQ4: What do military service members consider to be challenging to securing meaningful employment?	1. Tell me about your ability to connect with the civilian workplace.
		2. How did your military skills translate into the civilian occupational skills?
		3. Tell me more about the differences in the social dynamics of the civilian workplace versus the military social dynamics.

With participants' consent, a digital recorder was used to capture data from the semi-structured interviews with participants. Additional data was collected using a socio-demographic sheet to bring clarity to the population and the factors associated with their deployments, such as, marriage, divorce, rank etc. The audio-recordings were transcribed into Microsoft Word. The interview transcriptions and sociodemographic information were inputted into NVivo version 11. Discrepant cases were eliminated from the analysis but reported as discrepant in the result summary. Thematic results are included in Chapter 5.

Issues of Trustworthiness

Credibility

Credibility in qualitative research refers to how accurately the findings reflect participants' experiences (Lincoln & Guba, 1985). To ensure credibility of this study, I used member check and peer debriefing as suggested by Lincoln and Guba

(1985). Member checking refers to confirming the findings with participants (Braun & Clarke, 2013). Member checking was conducted to ensure that the study accurately reflects the data collected from participants. Participants were given an opportunity to review their interview transcriptions for accuracy. A copy of the transcribed interview was either emailed or presented face-to-face for confirmation of accuracy.

Lincoln and Guba (1985) described peer debriefing as engaging a peer who is not involved with the study in analysis of the inquiry to explore the research process. They suggest the researcher meet with an impartial colleague in order to get a critical feedback on the methodology of data collection and data analysis of the study. Using this procedure assisted me in understanding how my subjectivity affects my research and how to avoid possible bias.

Transferability

Transferability refers to external validity and the ability to generalize qualitative research results to other settings (Merriam, 2009). Empirical research has argued for centuries the transferability of qualitative research. Lincoln and Guba (1985) posited that transferability of the meaning of the phenomena depends mainly on the researcher's ability to capture the lived experience of the participant or re-represent the phenomena. Giorgi (2009) emphasized that researchers must remember the study is on the phenomena (lived experiences) and not the participants and by offering detailed and rich descriptive data of a phenomena or lived experience affords the reader an opportunity to evaluate the extent for which conclusions can be drawn or transferable to other times, settings, situations, and populations. It is impossible for the researcher to demonstrate that

findings and conclusions are transferable to other settings and populations. Being able to capture the essence of the lived experiences of the participants, understand the meaning they give to these experiences and relaying this information to the reader in detail with thick descriptive and interpretive data should create the possibility for transferability.

Dependability

Dependability is the extent to which a study may be replicated (Shenton, 2004). A detailed audit trail can be used by future researchers to replicate the proposed study (Thomas & Magilvy, 2011). I included an audit trail to enhance dependability within the proposed study. The data collection procedures constitute this detail audit trail. During the process of data collection, I noted any deviations from the previously developed data collection steps and reported these deviations in the results chapter.

Confirmability

Credibility refers to the extent to which the results are objective and free of researcher bias (Thomas & Magilvy, 2011). To avoid preconceived conceptions and assumptions, the researcher used reflection or reflexivity to search out possible biases. Reflexivity ensured that the participants' perspectives and data is contributed to the findings of the research and not the opinion of the researcher. Personal reflexivity allows the researcher to identify their place in the research (Braun & Clarke, 2013). To confirm reliability, inter-coder reliability was a critical component of the data analysis for this research.

Ethical Procedures

The researcher remained ethical at all times and remain honest in data collection, analysis, and reporting. Participants were informed on all aspects of the research design and purpose. The participants were given the right to abstain from responding to any question that causes tension or deep emotions. There were no power differentiation or coercion to participate in the study. Patton (2000) suggests that “if a respondent becomes upset, the interview can be cancelled or postponed” (p. 404-405). Participants in this study were excluded at any time they decide not to continue without penalty. Participants were given a list of organizations and crisis hotline numbers that they can call if needed (Appendix F). Participation in the study were strictly voluntary. There were no compensations for participation in the study. Each participant was given contact information for both the researcher and the committee chairman. This information included name, address, phone number and email address

All data that they contributed to the study remain confidential. Participants were assigned pseudonyms to mask their identities and provide confidentiality. A list linking participants’ pseudonyms to their actual identity was securely stored to minimize the risk of compromised confidentiality. Written information pertaining to individual participants was stored in a secure, locked filing cabinet in my home office. The audio-recordings, transcriptions, and any additional electronic data were securely stored on the researcher’s password protected computer with additional firewall protection.

I will maintain sole access to the data. The data will be available to the dissertation chair and committee member and Walden University IRB pending their

request for the data. All documents will be held in storage for a period of 5 years. At the end of this period, written documents will be shredded, and electronic documents will be destroyed using the software product – Eraser.

Summary

This chapter outlined the methodology for the research study. The participants were described, along with ethical guidelines for their protection. The researcher used open-ended interview questions and data gathering procedures which consisted of coding and an analysis of themes and patterns describing the lived experiences of military service members transitioning from military to civilian life. The results of this study was for the sole purpose of presenting possible data for developing and promoting programs for resilience and reducing suicidal tendencies in military transitioning back to civilian life, and suggestions for future research. Chapter 4 will present the findings of the data analysis.

Chapter 4: Results

Introduction

The purpose of this research study was to explore the transition experiences of veterans as they reintegrated into civilian life. Understanding this reintegration process may lead to an increased awareness of challenges or benefits experienced by veterans as they transition back into family, community, and career. In this research, I explored the following research questions:

RQ1: What were those lived experiences of the military service members as they transitioned from military to civilian life?

RQ2: What support systems were beneficial in transitioning back to civilian life?

RQ3: What did military service members consider to be challenges in securing employment?

RQ4: What events and circumstances negatively influenced a successful transition back to civilian life?

Chapter Organization

Chapter 4 contains rich descriptive data of the 10 participants and each individual interview. In this chapter, I present an exploratory research design, which includes the design setting and demographics. There is a brief discussion of each participant and his or her demographic data and also information related to data collection and data analysis using NVivo coding. The chapter provides an overview of emerging themes related to individual experiences and struggles during the veteran's transition from military to

civilian life, and will conclude with issues of trustworthiness and a summary of the findings.

Setting

I conducted four individual interviews in person and six over the phone from February 2019 to April 2019. Participants received a consent letter and a crisis information sheet for emergency mental health and medical contacts for use as necessary. Interview questions were scripted to elicit experiences of transitioning out of the military. Interviews, lasting 45 to 60 minutes, were audiotaped and transcribed verbatim. I then listened to the audiotaped transcriptions to ensure data accuracy. I presented final transcripts to seven participants in person and to three participants via email for member check and accuracy. After member checking, no changes were made to the original transcripts. The sample consisted of two participants working in Dallas VA Hospital (one male, one female), one male veteran working as a registered nurse in private practice, four male veterans working as teachers, and three unemployed veterans (two male, one female). I initially identified participants through Walden University Research Participant Pool and identified additional contacts through Craigslist.org and by using the snowball method for networking.

Demographics

Ten veterans volunteered to participate in the research interview. All 10 participants were African American. Eight of the participants were male and two were female. In terms of branch of service, six participants were Army, three were Navy, and one was Marine Corps Gunnery Sergeant.

Seven of the participants were veterans retiring with 20 years or more of service, one was a veteran who transitioned out earlier on a medical discharge after a motorcycle accident rendered him 100% disabled, and the other two transitioned without retirement and after completing a 4-year tour of active duty. There were two commissioned officers in the rank of lieutenant colonel (LTC), whereas eight participants were noncommissioned officers, enlisted ranks, ranging from E-9 (i.e., sergeant major [SGM]) to E-4 (i.e., corporal [CPL]). One E-9 was enlisted in the Army, and an E-8 (i.e., master sergeant) was a female service member in the Navy. Nine participants received honorable discharge and one received a medical discharge. The participant who received a medical discharge normally would have gone before a Medical Review Board (MRB) to determine if the service member met military medical standards for retention. At the rank of Army E-9, this participant was discharged directly from the hospital and never returned to his unit.

Other demographic information collected from participants (see Table 2) included: annual military pay levels during the transition from military to civilian life, marital status, and the nature of their deployment. Six participants were married with children and three were single throughout their entire military career with an additional participant being divorced for his entire military career. All 10 participants served tours outside of the United States. Only seven of them served tours in Iraq and/or Afghanistan, with combat zones including Kuwait, Iraq, Afghanistan, and/or Iran. Noncombat tours were to Germany and/or Korea.

The MOS for these participants were as follows: commander of a combat unit ($n = 1$), engineer ($n = 1$), engineering aide officer ($n = 1$), weapons and demolition ($n = 1$), combat arms and artillery ($n = 3$), biomedical equipment technician ($n = 1$), personal records ($n = 1$), and supply transport ($n = 1$). Weapons demolition and combat arms and artillery are the MOS that have no civilian equivalence and pose a challenge for veterans seeking employment after transitioning out of the military.

Transition assistance programs were available for eight of the participants. However, transition assistance was not offered to the participant who was medically discharged directly from the hospital. The two low-ranking E-4s (CPL) did not receive transition assistance. This lack of transition assistance resulted in challenges in finding employment.

Table 2 provides an overview of participants' sex, branch of service, type of discharge from service, rank, annual income, marital status, deployments, and whether transitional assistance was provided prior to transitioning from military to civilian life. I will profile the 10 participants individually in the Data Analysis section of this chapter. The major themes identified from the participants' interviews will also be presented. The purpose of Chapter 4 is to establish an understanding of the emerging thematic analysis to be detailed in Chapter 5.

Table 2

Participant's Demographics

Category	1	2	3	4	5	6	7	8	9	10
Sex	Male	Male	Male	Male	Male	Male	Male	Female	Female	Male
Branch	Army	Army	Army	Navy	Marine	Army	Army	Navy	Navy	Army
Discharge	Hon.	Med.	Hon.	Hon.	Hon.	Hon.	Hon.	Hon.	Hon.	Hon.
Rank	SFC	SGM	LTC	LTC	CPL	SFC	SFC	E-7 Navy	E-8 Navy	E-6
Annual income (in dollars)	55,000	73,000	110,000	110,000	29,880	55,000	55,000	55,000	64,000	46,800
Marital Status	Marr.	Marr.	Div.	Marr.	Single	Marr.	Marr.	Single	Single	Marr.
Deployment Overseas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Combat	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Transition Assistance	SFC		LTC	LTC		SFC	SFC	E-7 Navy	E-8 Navy	E-6 Navy

Note. Hon. = Honorable discharge; Med. = Medical discharge; Marr. = Married; Div. = Divorced

Data Collection

For participant recruitment, I received permission from the Walden University IRB (Application # 2018.07.19 15:31:24-05'00') to post a request for 10 participants from the Walden University Research Participants Pool. Only one potential participant responded over a 4-week period and requested email information but did not volunteer to participate in the research study. I then moved to an alternative method with permission of the IRB for recruitment by posting a request for participation in the Craigslist.org. This resulted in four participants, and the remaining six participants joined the project through snowballing from the initial participants recruited from Craigslist.org. I collected demographic data prior to the face-to-face interview and during telephone

interviews. Three interviews were conducted face-to-face and seven via telephone. All interviews were recorded for accuracy and transcribed for subsequent member checking and analysis. The interviews were completed within 45 minutes.

I submitted the recorded interviews into NVivo transcription services and stored them under password protection. I then emailed the transcriptions to participants for member checks. When the transcriptions were returned to me, many areas had the word *inaudible* or *not able to understand* the language being used by the veteran participants. I made corrections in the NVivo 12 software after obtaining member checks from participants. This software was then further used for qualitative analysis to identify themes from the interviews.

Data Analysis

Qualitative data analysis was performed using the Nvivo Software online transcription services. The initial process entailed recording the participants' interviews and downloading the audio recording into the NVivo Software online. There were no discrepant cases in the research study. The interviews were recorded and transcribed verbatim via Nvivo software and returned to the researcher to examine for accuracy. The researcher corrected inaudible words not identifiable by the transcription service (Nvivo) and ensured accuracy by participant members check and then returned to the Nvivo Software by uploading the document into individual folder for each participant. The data analysis using this software generated similarities and extracts themes. It also highlights differences and similarities in relationships. I then used inductive coding and codes were derived from the data similarities relative to the research questions.

Data analysis demonstrated substantive relationships to the underlying theories for this study as described in Chapter 2. The themes related to Durkheim's suicide theory were: (1) veteran bonds with comrades are never broken, (2) disabilities were related to depression and PTSD, and (3) all veterans were prepared in some form for transition from military to civilian life. The themes related to Lindenberg and Frey's social production function theory were: (1) some support was available during the transition process, (2) education is key in finding meaningful employment, (3) civilians will never understand the military, (4) military jobs do not translate to civilian jobs, and (5) civilian workforce has no structure.

Evidence of Trustworthiness

Credibility

Credibility in qualitative research refers to how accurately the findings reflect participants' experiences (Lincoln & Guba, 1985). To ensure credibility of this study, member checks and peer debriefing were used as suggested by Lincoln and Guba (1985). Participants were given an opportunity to review their interview transcriptions for accuracy. A copy of the transcribed interview was either emailed or presented face-to-face to confirm accuracy of the information. Participants responded well during the interview but were very reluctant to discuss past traumas, emotional issues, and ongoing mental health or psychological problems related to their past military careers. However, participants felt that the overall interview process was very positive.

Transferability

Transferability refers to external validity and the ability to generalize qualitative research results to other settings (Merriam, 2009). Lincoln and Guba (1985) posited that transferability of the meaning of the researched phenomena depends mainly on the researcher's ability to capture the lived experience of the participant or re-represent the phenomena. While it is not possible to demonstrate that findings and conclusions from this research study are transferable to other settings and populations, the knowledge and concepts obtained from these interviews may be relevant in future military inquiries. There may also be some elements of association between the transition experiences of these ten participants and veteran participants in future research. It would be very difficult to show that findings can be applied to situations and populations other than the veteran population.

Dependability

Dependability is the extent to which a study may be replicated (Shenton, 2004). A detailed audit trail can be used by future researchers to replicate the proposed study (Thomas & Magilvy, 2011). During the process of data collection, participants were recruited from the Walden Participants Pool, Craigslist, and referred by other participants. The interview data was collected using audio recordings and verbatim transcriptions. Data analysis and thematic identification emerged using the NVivo Software. The audit trail for this study includes audio recordings of the interview and/or verbatim transcriptions, demographic sheets, consent forms, and data from NVivo Software.

Confirmability

Confirmability refers to the extent to which the results are objective and free of researcher bias (Thomas & Magilvy, 2011). To avoid preconceived conceptions and assumptions, I used reflection or reflexivity to search out possible biases. Reflexivity ensured that the participants' perspectives and data, rather than my opinions, contributed to the findings of the research. Personal reflexivity allowed me to identify my place in the research by being aware of my influence on the research data (Braun & Clarke, 2013).

Ethical Procedures

I remained ethical throughout the research process, and honest in data collection, analysis, and reporting. Participants were informed on all aspects of the research design and purpose. The participants were informed during consent that they had the right to abstain from responding to any question that caused tension or deep emotions. All participants volunteered, and there was no coercion to participate in the study.

Participants in this study were informed that they could decline to continue in the study at any time without obligation or penalty. Participants were given a list of organizations and crisis hotline numbers that they could call if needed (Appendix F). There was no compensation for participation in the study. Each participant was given contact information for both the researcher and the committee chairperson. This information included name, address, phone number and email address.

Participants were assigned numbers to mask their identities and provide confidentiality. A list linking participants' numbers to their actual identity was securely stored to minimize the risk of compromised confidentiality. Written information pertaining to individual participants was stored in a secure, locked filing cabinet in my home office. The audio-recordings, transcriptions, and all additional electronic data, was securely stored on the researcher's password-protected computer with additional firewall protection.

I will maintain sole access to the data. The data will be available to the dissertation chair and committee member and Walden University IRB. All documents will be held in storage for a period of 5 years. At the end of this period, written documents will be shredded, and electronic documents will be destroyed using the software product Eraser.

Results

These findings were relevant to the research. Research questions one and three (RQ1 & RQ3) concerning the transition experiences, bonding with comrades and beneficial support systems were explained as follows:

Transition Experience

Eight of the ten veteran participants were offered a transition assistance program on some level, formal or informal, prior to transitioning back to civilian life. High-ranking officers and high echelon enlisted service members were offered extensive transition assistance opportunities as opposed to low ranking enlisted soldiers and those receiving a medical discharge; who were not offered any transition assistance. One male

participant did not receive any assistance and found his transition experience to be very challenging.

Bonding with Comrades

Throughout the interviews, participants stressed the importance of the bond with their comrades and how that bond can never be broken. All of the participating veterans stayed connected after transitioning to other parts of the world via Facebook, email, text messaging, and phone conversations. They related being there for each other during their children's graduations, weddings and many of them described planning summer vacations to get together at least once a year. All ten participants expressed this deep attachment as one that can never be broken.

Support Systems

Each participant maintained that there was someone there for them during the transition process out of the military. Family, friends, church affiliations were among the most beneficial support systems for the transitioning veteran. One female participant went to VA for a medical appointment and was referred for employment. Mothers were prominent with most of the participants for moral, emotional, and financial support.

Research questions two and four (RQ2 & RQ4) were addressed in the findings under the themes of Civilian's Concept of the Military, Employment Challenges, and Civilian Work Culture. These areas were views by the veterans as challenges and negative influences on a successful transition from military to civilian life. There are explained as follows:

Civilian's Concept of the Military

The majority of the ten participants believed that civilians do not understand the military and can never understand the military because they have not lived their experiences. They believed that civilians see them as killing people all the time and not as individuals who volunteer to protect this country against terrorism and communism and negative political influences. They believed that civilians misunderstand the mission of the armed forces of the United States of America. They also expressed in agreement that the only reason civilians were able to sleep soundly at night was because they are being protected by “angels” watching over them. Civilians were seen as having the misconception that military personnel have no family life and no time for their spouses and children.

All participants refused to discuss physical, emotional and psychological problems related to military service. One participant abruptly ended the telephone interview when discussing his vehicular injury and how that ended his military career. Several others mentioned depressive disorders and PTSD but would not elaborate on the subject.

Employment Challenges

Most military occupations were not equivalent to the civilian occupations and further education was needed to secure meaningful employment after leaving the military. Military occupational skills (MOS) such as combat arm, artillery, and weapons demolition, do not have a civilian equivalent. While the military accepted high school

diplomas and performance for advancement and job placement, the civilian employer was seen as emphasizing advanced education.

Civilian Work Culture

Veterans finding jobs after transitioning out of the military experienced a feeling of not being valued or not fitting into the organization. The majority of the veterans felt that the workplaces had no structure and that civilians were not held accountable for their actions. Veterans perceived working in civilian settings without rules, regulations, or rank structure, as presenting significant challenges.

Summary

This chapter provided an overview of the findings from the research study. The participants discussed the transition process experiences which positively influenced a successful transition to civilian life; such as, transition assistance, bonding with comrades, and a reliable support system. They also shared the challenges that negatively influenced their ability to secure meaningful employment; caused stress and families' disruptions; and served as a barrier for a "good fit" in the workforce; such as, the civilian's concept of the military, employment challenges, and cultural difference between the civilian and military work environment and expectations.

The significance of these emerging themes will be discussed further in chapter 5 with interpretation of the knowledge and comparison with what has been found in the literature review described in chapter 2. The next chapter will also discuss the theoretical framework as appropriate to the findings along with study limitations, recommendations, implications for further research and conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative phenomenological inquiry was to gain an understanding of the lived experiences and perceptions of participants regarding resilience following discharge from the military to civilian life. A qualitative phenomenological inquiry design was used to focus on participants' thoughts and perceptions of lived experiences as the units of measure for allowing the collection rich and meaningful data that would facilitate an understanding of this phenomenon in its entirety. This chapter includes a discussion of the major findings as related to the positive and negative influences that impacted the potential for a successful transition from military to civilian life. This chapter also includes the limitations of the study, areas for future research recommendations, and a brief summary.

I used the following research questions to guide this study:

Research Question 1: What are the lived experiences of the military service members as they transitioned from military to civilian life?

Research Question 2: What events and circumstances negatively influenced a successful transition back to civilian life?

Research Question 3: What support systems were beneficial in your transitioning back to civilian life?

Research Question 4: What do military service members consider to be challenging to securing meaningful employment?

Participants universally stated that (a) receiving transition assistance prior to discharge, (b) continuing a firm bond with comrades, and (c) having a firm support system contributed to a successful transition. Conversely, not being understood by coworkers, not being fully understood by civilians and the unstructured, non-military work environment proved to be an enormous challenge for returning veterans. Understanding the reintegration process will lead to an increased awareness of the challenges and benefits experienced by veterans transitioning from military to civilian life as viewed from their point of view.

Interpretation of the Findings

There were both positive and negative influences in the transition process for participants transitioning from the military to civilian life. The 10 participants in this research study transitioned out of the military through one of three different procedures: (a) the military retirement assistance program, (b) expiration of time-in-service commitment (ETS), and (c) for medical disabilities. How participants experienced their transition out of the military prepared them to succeed or fail in meeting their social, physical, emotional, and psychological needs for well-being. Being offered transition assistance and planning for transition from military to civilian life proved to be a vital necessity for gaining and understanding the support and resources for resilience building.

Eight of the 10 participants anticipated discharge from the military and were prepared for the transition. They were provided a transition assistance program for writing resumes and searching for employment prior to leaving the military. Some were

allowed to transition straight into their civilian jobs. The participants anticipating departure from the military to civilian life spoke on the importance of transition assistance programs and 2 weeks of preparation on using military benefits, writing resumes, and contact information for various resources for housing, food, assistance with finances, jobs and educational assistance. However, reintegration was challenging for two participants who were not prepared in advance to separate from military service.

Not being prepared for transition and not having available resources for a successful transition had a negative impact on the psychological well-being for Participant 2 and Participant 5. Participant 2 stated that, as an SGM, his motorcycle accident and medical discharge from the military was a traumatic and horrific experience.

The accident affected my way of life and it turned my world upside down. When I left the military I felt like, from a man's standpoint, I felt I had been raped, violated. I have not been able to work since that time. I have very few resources and I don't want to talk about it anymore. I was up for promotion to Command Sergeant Major. I was going far in my career and then it came to an end.

Participant 5 was a CPL in the Marine Corps and he stated: "They gave me my papers and told me goodbye. I was not able to find working anywhere. I had to go back home and live with my mom."

Whereas, the transition experience of Participants 2 and 5 does not confirm Durkheim's suicide theory (1951); it does confirm Lindenberg and Frey's (1993) social production function theory. Lindenberg and Frey's (1993) Social production function theory describes the universal goals for all individuals as involving both physical well-

being and social well-being. The achievement of these basic physical and social needs is connected to psychological and emotional well-being. Psychological well-being is attained through the acquisition of money, food and health care, education, social class, social skills competence, affection, and attractiveness (Lindenberg & Frey, 1993).

Participant 5 felt violated in every aspect of his life because of the unexpected departure from military service. This negative impact of psychological well-being can possibly lead to an area for further research related to the element of surprise of not having a source of income to meet the basic needs of food and shelter and not being able to gain meaningful employment.

Transition's effect on family

Transitioning from military to civilian life can affect family members in different ways. Adjustment for family members, especially spouses and children can be a struggle. The greatest challenge in moving with family was spouse losing his/her career and children leaving their friends. Participant 7 explains that his wife had to leave her job and start all over again.

I was retiring but her career was just taking off and it abruptly came to end. My children had to change schools and leave friends. Separating from their friends were really hard. Getting the kids adjusted to moving around in the military has always been difficult.

Discussing the impact of the change on her family, Participant 9 explained that it is very difficult for her son to move away from the Navy Base at the end of her service contract.

He ended up getting into a lot of trouble with the law and he became homeless after I left. He was 18 and was very reluctant to leave, so I had no choice but to let him make his own decisions. It took him approximately 3 years to relocate and get his life together.

Even though there were some challenges for spouses and children of veterans transitioning out of the military to civilian life, the over-all transition was successful for all of the eight participants who were given transition assistance and the necessary resources.

Resources beneficial for successful transition

Resources for a successful transition included both civilian and military assistance. Examples of this breadth of possible assistance include: family and friends, educational resources, and assistance in preparing resumes, understand job equivalences, medical care, housing, and finding corporation resources hiring veterans. As stated earlier, Participant 2 and Participant 5 had limited resources. Participant 2 was transported home from a military hospital via private vehicle by a good friend and comrade. He was provided 100% disability assistance and has not been able to work again due to his injuries. He expressed the fact that he is provided medical care at the local VA Hospital. Despite assistance, his income dropped to half of his regular Army pay and he has not been able to recover financially. Participant 5 Corporal (CPL) term of service expired (ETS) and had to leave the Marine Corps without any assistance and was not able to find employment for months. He lived with his mother until he was able to find employment. He still works as a clerk in the local VA hospital with income lower

than his CPL pay in the military. These two veterans were resilient because of support from a spouse and a parent. Participant 5 stated that his family kept him grounded and without them he knew he would not have made it through these challenges.

Transitioning into the civilian workforce

Occupational equivalence has a great impact on successful employment. However, none of the participants were able to work equivalent to their military occupations. Eight of the 10 veterans in the study were grafted into employment positions by virtue of the military service. The other two did not work after leaving military service. Participant 8 chose not to work as a civilian. Participant 2 was not able to work because of medical disabilities. The remaining eight veterans who secured employment into the civilian sector considered it a challenge. Participant 5 stated that he was given discharge papers and told goodbye. He stated:

I was not prepared to exit the Marines. I really didn't know what to do with myself. I tried getting a job but nothing was a good fit. I would stay on a job about 3 months and move to something else. I worked with weapons and demolition and I could not find anything in that field; so, I began working as an orderly in the military hospitals.

Though Participant 7 had more preparation with moving to civilian life, he also found obtaining employment a challenge. He stated that:

The military do a very good job of preparing you through resume building classes, marketing you with other companies and so forth, but when you're at the level of

training that I had, it really didn't correlate too much with civilian jobs. There is nothing out there in the civilian occupation that relates to combat training.

Participant 10 stated that he transitioned out of the military 2 years ago and because of his education, transitioned from the military straight into teacher's certification and has been employed as a teacher for the last 18 months. He stated that, "you get what you prepare yourself for and education is something everybody needs." He stated that he and his wife are both military and their children were with them during their entire military careers. He stated that his children were in different schools every year and they handled it very well. He also believed that resilience comes with preparation. He stated, "One must be prepared to move from one circumstance to another. One must plan for changes."

Participant 4 shared a broader view of the military versus civilian workplaces. His thoughts were:

There is no way for civilians to understand the military. For example: If a stack of books is stacked so high that you can't see over them or around them, a civilian will not be concerned about the situation and they will be happy and go about their normal day thinking nothing more of not being able to see pass the books. But the military leader takes a different approach. The military leader wants to know why the books have been placed to impede the vision of the person and who has the power to hinder this person from seeing, moving and achieving. I went to Haiti on a mission to uphold democracy in that country. Those people were so impoverished. It was imperative that they elect great leaders for the people who

would be concern with justices and improving their situation in that country.

Military leaders are concerned with policies and rules that govern the people. The civilian can go to sleep at night and not think about the country being safe because we have been charged with keeping American safe. The military gives you a broader view of life that the civilian is not able to understand. Civilians think we just go into war and kill people. That is not the whole picture; nor is it the mission. I had a difficult time transitioning into the civilian workforce.

Participant 4 expressed concern for differences in the civilian and military culture. He talked about how civilians do not have clarity and/or insight into the importance of the military servicemen and women placing their lives on the line for the United States of America. His shared experiences confirmed Durkheim's suicide theory (1951) and research questions 2 (RQ2) and 4 (RQ4) asked: "What events and circumstance negatively influenced a successful transition back to civilian life?" and RQ4 asked: "What do the military service members consider challenging to securing meaningful employment?" Participant 4 has the mindset of one in a high integrated culture and has remain in that military mindset even though he has transition into a civilian occupation. He is still connected to the mission of the military operations and strategies that most civilians are not able to understand nor able to connect. Durkheim suicide theory (1951) explained that a certain time or period after the disruption of a social connectedness brings about definite aptitudes for suicide. An inquiry into understanding how military personnel transition and rebuild their lives on a social level is crucial. Participant 4 has moved forward with rebuilding his life through employment and reconnecting with

family. However, his views about individualism in the civilian culture and the concern for self among the civilian population can possibly lead to an area for further research. Veterans rebuilding their lives on a social level according to Participant 4 is virtually impossible because he firmly stated that civilian can never understand the military. This is an area for further exploration.

Limitations of the Study

Limitations of the study included not being able to predict trustworthiness of participants' answers to research questions. Participants were assured of the scholarly and serious nature of the study, as well as of the security, confidentiality, and anonymity of their responses. Knowing their answers were confidential and anonymous encouraged participants to answer honestly because their answers were not matched with participants' identities and were not used for purposes beyond those of the study.

Social desirability is a possible limitation in this qualitative study. Social desirability refers to participants answering difficult questions, such as those involving challenges of transition to civilian life, in ways that put individuals in a positive light, rather than answering honestly (Krumpal, 2013).

Transferability is limited to the attitudes and beliefs of the researcher to apply information to his or her individual study (Lincoln & Guba, 1985). The transitioning process may therefore differ in meaning and significance for each participant. Therefore, this qualitative study of veterans transitioning into civilian life may not be transferable to other settings or populations. While it is not possible to demonstrate that findings and conclusions from this research study are transferable to other settings and populations,

the knowledge and concepts obtained from these interviews may be relevant in future military inquiries.

Recommendations

Overall, veterans transitioning from military to civilian life received assistance for the anticipated move with few challenges during the process. However, further research on military transitioning from military to civilian life should consider a critical area of providing support for those veterans who are at risk for transition failure, such as, those with medical discharges and expired time of service (ETS). Struggling with depressed feelings of abandonment and loneliness experienced by two of the veterans in this study, suggests that these areas need to be addressed prior to their transition from military to civilian life. Establishing home-based jobs or employment options prior to their discharge from the military may be an option, and also, include or add them to the transition assistance programs the same as the retirees by having representatives or agents visit the sick and injured peers in the hospital for one to two weeks prior to the discharge date. A study in this area will give feedback and recommendations on how to better support these veterans so that the transition does not come as a shock when exiting the military into a different lifestyle.

Implications

Chapter II included Durkheim's Suicide Theory (1951) and Lindenburg & Frey's (1993) social production functioning theory. These theories were both confirmed by at least one or more participants in this research study. The potential impact for social change in this research study is focused on the individual veteran. The veterans and the

family of veterans are moving from a structured and operative environment where there is no individualism. *The Military Command and the Law* (2019) states that the military process is comprised of uniformity and dictated missions. However, on transitioning from the military to civilian life there must be a process geared toward getting the veteran to think realistically with awareness and mindfulness of the anticipated and possible threads to family and their survival in the immediate future. For veterans who have not been in the civilian sector for years, as evident by this study, it is difficult to understand the civilian social and economic expectations.

Studies using a qualitative phenomenological inquiry are important for social change for veterans transitioning out of the military to civilian life because they get to share their individual experiences. The transition assistance program proved to be a positive and much needed aspect of the transitioning process, however, for further practice there is definitely a need for mindfulness counseling to prepare the veteran for the reality of change involved and the importance of self-care and the care of his family without the military.

For further studies in understanding veterans transitioning from military to civilian life, I propose exploring mindfulness counseling as a possible resource to assist the veteran in facing future experiences and for increasing an awareness of what the social environment may demand prior to transitioning out of the military. Mindfulness counseling can address cultural differences in the work environment and how the views of the social value and belief system differs once discharged from the military. This is an unexplored area of engagement for psychology and it warrants further exploration. This

may also promote positive attitudes on a social level for veterans and may eliminate social, environmental and individual stressors which pose a threat to successful transitioning from military to civilian life.

Conclusion

This study was important because it demonstrated how veterans are discharged differently in the military and how different the transition experiences are for each individual. The veterans who received transition assistance were given time to understand the demands and resources needed for the transition from an environment where everything is planned out in advance to an environment where there must be forethought and planning to achieve goals and resources. It also demonstrated how those veterans who did not receive assistance struggled through challenges in acquiring much needed resources for everyday living, such as, housing, food, employment, and health care. Not being able to meet the basic needs for survival can lead to hopelessness and possibly self-harm.

This disconnect from an elevated level of integration and regulation, which is found in milieus, such as, cults, sects, psychotic wars, high school cliques, military units, penitentiaries, monasteries, small villages and town, tightly knitted fraternities, sororities, and family units, disrupts conformity, and commitment as members, immersed in close social ties, and moral attachments.

Military personnel transitioning to civilian life move from a culture of collective interest to a culture of individualism and that mindset calls for a shift, an adjustment, and an adaptation in perceived thinking and being. Durkheim's suicide theory (1951)

suggests that moving to low integration or excessive individualism increases the risk of suicide. The military mindset, when prepared for change results in an ability to meet the challenges.

Building and strengthening area of support for the transition process is paramount. This support is needed prior to discharge from the military and should not be solely dependent on family and friends supporting the veteran after discharge. Support prior to discharge can increase resilience and build confidence for whatever lies ahead. Lindenberg and Frey's social function production theory was confirmed in this research with those veterans not able to meet their needs for psychological, physical and social-well-being. Much attention such be given to establishing programs to meet the transition need of all veterans regardless of the type of forthcoming and anticipated discharge. Unanticipated discharges from the military to civilian life should be eradicated in an effort to decrease suicide and eliminating stressors which pose a threat to successful transitioning from military to civilian life.

A qualitative research of this nature provided much clarity into the lived experiences of military veterans and the challenges and resources that proved beneficial in their transition into civilian life. Further research is needed to broaden knowledge on the impact of transitioning veterans unprepared and also on the effect it has on military families.

References

- Abrutyn, S. & Mueller, A. S. (2016). When too much integration and regulation hurts: Reenvisioning Durkheim's Altruistic Suicide. *Society and Mental Health*, 69(1), 56-71. doi: 10.1177/21568693/5604346
- Adler, J., & McAdams, D. (2007). Time, culture, and stories of self. *Psychological Inquiry*, 18, 97–128.
- Ahern, J., Worthen, M., Masters, J., Lippman, S. A., Ozer, E. J., & Moos, R. (2015). The challenges of Afghanistan and Iraq veterans' transition from military to civilian life and approaches to reconnection. Retrieved from <http://dx.doi.org/10.1371/journal.pone.0128599>
- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Text Revision). Washington, DC: Author.
- Ames, G. M., Curadi, C. B., Moore, R. S., & Duke, M. (2009). The impact of occupational culture on drinking behavior of young adults in the U. S. Navy. *Journal of Mixed Methods*, 3(2), 120-150.
- Babor, T.F., Higgens-Biddle, J.C., Saunders, J.B. and Monteiro, M.G. (2001). *AUDIT: The alcohol use disorders identification test*. Department of Mental Health and Substance Dependence. Geneva: WHO.

- Beardslee, W. R. (2013). Military and veteran family-centered preventive intervention and care: Making meaning of experiences over time. *Clinical Child and Family Psychology Review, 16* (3), 341-343.
- Beckham, J. C., Feldman, M. E., & Kirby, A. C. (1988). Atrocities exposure in Vietnam combat veterans with chronic posttraumatic stress disorder: Relationship to combat exposure, symptom severity, guilt, and interpersonal violence. *Journal of Traumatic Stress, 11*, 777-785.
- Beitin, B. K. (2008). Qualitative research in marriage and family therapy: Who is in the interview? *Journal of Contemporary Family Therapy, 30*, 48-58.
doi:10.1007/s10591-007-9054y
- Bogdan, R. C., & Biklen, S. K. (1992). *Qualitative research for education: An introduction to theory and methods* (2nd ed.). New York, NY: Pearson.
- Bowles, S. V. & Bates, M. J. (2010). Military organizations and programs contributing to resilience building. *Military Medicine, 175* (6), 382-385.
- Braun, V. & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage Publishing.
- Brod, M., Tesler, L. E., & Christensen, T. L. (2009). Qualitative research and content validity: Developing best practices based on science and experience. *Quality of Life Research, 18*(9), 1263-1278.
- Bryan, C. J., Jennings, K. W., Jobes, D. A., & Bradley, J. C. (2012). Understanding and preventing military suicide. *Archives of Suicide Research, 16*, 95–110.
doi:10.1080/13811118.2012.667321

- Bush, N. E., Reger, M. A., Luxton, D. D., et al. (2013). Suicides and suicide attempts in the U. S. Military 2008-2010. *Suicide Life Threat Behav.*, *43*(3), 262-273.
- Campbell, J. L., Quincy, C., Osserman, J. & Pedersen, O. K. (2013). Coding In-depth Semistructured Interviews: Problems of Unitization and Intercoder Reliability and Agreement. *Sociological Methods & Research*, *42*(3), 294-320.
doi:10.1177/0049124113500475.
- Cicchetti, D., Garmezy, N. (1993). Milestones in the development of resilience. *Development and Psychopathology*, *5*(4), 497-774.
- Claassen, C., & Knox, K. L. (2011). Assessment and management of high-risk suicidal states in post deployment OIF/OEF military personnel. In J. Ruzek, P. Schnurr, J. Vasterling, & M. Friedman (Eds.), *Caring for veterans with deployment-related stress disorders* (pp. 109-127. <http://dx.doi.org/10.1037/12323-005>
- Coll, J. E., Weiss, E. L., & Yarvis, J. S. (2011). No one leaves unchanged: Insights for civilian mental health care professionals into the military experience and culture. *Social Work in Health Care*, *50*, 487-500. doi:10.1080/00981389.2010.528727
- Collins, J. (1998). The complex context of American military culture: A practitioner's view. *Washington Quarterly*, *21*, 213-226.
- Connor, K. M. & Davidson, J. R. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression & Anxiety*, *18*(2), 76-82. <http://dx.doi.10.1002/da.10113>.
- Cornell University Law School. (2014). *10USC Code 101 definitions*. Retrieved from <http://www.law.cornell.edu/uscode/text/10/101>

- Coser, L.A. (1974). *Greedy Institutions. Patterns of undivided commitment*. New York: Free Press.
- Cox, D. W., Ghahramanlou-Holloway, M., Greene, F. N., Bakalar, J. L., Schendel, C. L., Nademin, M. E. et al. (2011). Suicide in the United States Air Force: Risk factors communicated before and at death. *Journal of Affective Disorders, 133* (3), 398-405.
- Creswell, J.W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Cunningham, C. A., Weber, B. A., Roberts, B. L., Hejmanowski, T. S., Griffin, W. D. & Lutz, B. J. (2014). The role of resilience and social support in predicting post-deployment adjustment in otherwise healthy Navy personnel. *Military Medicine, 179*(9), 979-985.
- Currier, J. M., Holland, J. M., Drescher, K., & Foy, D. (2015). Assessment: Initial Psychometric Evaluation of the Moral Injury Questionnaire – military version. *Clinical Psychology and Psychotherapy 22*, 54-63. DOI: 10.1002/cpp.1866.
- Darke, P., Shanks, G., & Broadbent, M. (1998). Successfully completing case study research: Combining rigor, relevance, and pragmatism. *Info Systems, 8*, 273-289. doi:10.1046/j.1365-2575.1998.00040.x
- Demers, A. (2011). When Veterans return: The role of community in reintegration. *Journal of Loss and Trauma, 16*(2), 160-179.
- Denneson, L., Williams, H. B., Kaplan, M. S., McFarland, B. H. & Dobscha, S. K.

- (2016). Treatment of veterans with mental health symptoms in VA primary care prior to suicide. *General Hospital Psychiatry*, 38, 65-70.
- Diener, E. (1977). Deindividuation: Causes and consequences. *Social Behavior and Personality*, 5, 143-155.
- Diener, E. (1979). Deindividuation, self-awareness, and disinhibition. *Journal of Personality and Social Psychology*, 37, 1160-1171.
- Diener, E. (1980). *Deindividuation: The absence of self-awareness and self-regulation in group members*. In P. B. Paulus (Ed.), *Psychology of group influence* (pp. 209-242). Hillsdale, NJ: Erlbaum.
- Drescher, K. D., Foy, D. W., Kelly, C., Leshner, A., Schultz, K., & Litz, B. (2011). An exploration of the viability and usefulness of the construct of moral injury in war veterans. *Traumatology*, 17, 8-13. DOI:10.1177/1534765610395615.
- Durkheim, Emile (1951). *Suicide: A Study in Sociology*. In Trans. J. A. Spaulding and G. Simpson. New York: The Free
- Flynn, M., & Hassan, A. (2010). Unique challenges of war in Iraq and Afghanistan. *Journal of Social Work Education*, 46(2), 169-173.
doi:10.5175/JSWE.2010.334800002
- Francis, J., Johnston, M., Robertson, C., Glidewell, L., Entwistle, V., Eccles, M. P. & Grimshaw, J. M. (2010). What is an adequate sample size? Operationalising data saturation for theory-based interview studies. *Psychology & Health*, 25(10), 1229 - 1245. doi: 10.1080/08870440903194015

- Goodwin, L., Wessely, S., & Fears, N. (2015). The future of “Big Data” in suicide behavior research: Can we compare the experiences of U. S. and U. K. Armed Forces? *Psychiatry: Interpersonal & Biological Processes*, 78(1), 25-28.
- Gahm, G. A., Reger, M. A., Kinn, J. T., Luxton, D. D., Skopp, N. A. & Bush, N. E. (2012). Addressing the surveillance goal in the national strategy for suicide prevention: The Department of Defense suicide event report. *American Journal of Public Health*, 102(Suppl. 1), S24–S28.
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburgh, PA: Duquesne University Press. doi: 10.1163/156916210X526079
- Goldberg, D. and Williams, P. (1988). *A User's Guide to the General Health Questionnaire*. Windsor: Nfer-Nelson.
- Griepentrog, B. K., Harold, C. M., Holtz, B. C., Klimoski, R. J., & Mars, S. M. (2012). Integrating social identity and the theory of planning behaviors: Predicting withdrawal from an organizational recruitment process. *Personnel Psychology*, 65, 723-753. doi:10.1111/peps.12000
- Grossman, D. & Christensen, L. W. (2008). *On Combat: The Psychology and Physiology of Deadly Conflict in War and in Peace* (3rd ed.). China: Warrior Science Publications
- Hanson, J. L., Balmer, D. F., & Giardino, A. P. (2011). Qualitative research methods for medical educators. *Academic Pediatrics*, 11(5), 375-386.
- Hatch, S. L., Harvey, S. B., Dandeker, C., Burdett, H. Greenberg, N., Fear, N. T., et al.

- (2013). Life in and after the Armed Forces: social networks and mental health in the UK military. *Sociology of Health & Illness*, 35 (7), 1045-1064.
- Hennink, M., Hutter, I., Bailey, A. (2011). *Qualitative Research Methods*. Thousand Oaks, CA: Sage.
- Hill, J., Lawhorne-Scott, C., & Philpott, D. (2013). *Life after the military: A handbook for transitioning veterans*. Lanham, MD: Rowman and Littlefield.
- Hoge, C.W., Castro, C.A., Messer S.C., McGurk, D. Cotting, D.I. &Koffman, R.L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, 351, 13-22
- Hume, David (1974). *Inquiry concerning human understanding*. Indianapolis: Hackett Publishing.
- Kessler, R. C., Santiago, P. N., Colpe, L. J., et al. (2013). Clinical reappraisal of the Composite International Diagnostic Interview Screening Scales (CIDI-SC) in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). *Int J Methods Psychiatr Res*, 22(4), 303– 321.
- Kessler, R. C., Warner, C. H., Ivany, C., Tetukhova, M. V., Rose, S., Bromet, E. J., et al. (2015). Predicting U. S. Army suicides after hospitalizations with psychiatric diagnoses in the Army Study to Assess Risk and Resilience in Service members (Army STARRS). *JAMA Psychiatry*, 72(1), 49-57.
- Krumpal, I. (2013). Determinants of social desirability bias in sensitive surveys: a literature review. *Quality & Quantity*, 47(4), 2025-2047.

- Kukla, M., Rattray, N. A., Salyers, M. P. (2015). Mixed methods study examining work reintegration experiences from perspectives of Veterans with mental health disorders. *J Rehabil Res Dev.*, 52(4), 477-490. doi.10./1682/JRRD.2014.11.0289
- Larson, M. J., Wooten, N. R., Adams, R. S., & Merrick, E. L. (2012). Military combat deployments and substance use: Review and future directions. *Journal of Social Work Practice in the Addictions*, 12, 6-12.
<http://dx.doi.org/10.1080/1533256X.2012.647586>
- Layne, M. E., Naftel, S., Thie, H. J., & Kawata, J. H. (2001). *Military Occupational Specialties: Change and Consolidation*. National Security Research Division: RAND Corporation. Retrieved from: www.rand.org
- Lee, J. H., Nam, S. K., Kim, A. R., Kim, B., Lee, M. Y., & Lee, S. M. (2013). Resilience: A meta-analytic approach. *Journal of Counseling and Development*, 91, (3), 269-279. doi: 10.1002/j.a556-6676.2013.00095x
- Leedy, P. D., & Ormrod, J. E. (2014). *Practical research: Planning and design*. Boston, MA: Pearson Education.
- Lemaire, C. M., & Graham, D. P. (2011). Factors associated with suicidal ideation in OEF/OIF veterans. *Journal of Affective Disorders*, 130, 231–238.
doi:10.1016/j.jad.2010.10.021
- Lincoln Y. S., Guba E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Lindenberg, S. & Frey, B. S. (1993). Alternatives, Frames, and Relative Prices: A broader View of Rational Choice Theory. *Acta Sociologica*, 36, 191-205.

- Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review* 29, 695-706.
DOI:10.1016/j.cpr.2009.07.003.
- Liu, Y., Dijst, M., & Geertman, S. (2014). Residential segregation and well-being inequality between local and migrant elderly in Shanghai. *Habitat International* 42, 175-185.
- Logan, J., Fowler, K. A., Patel, N. P., & Holland, K. M. (2016). Suicide among military personnel and veterans aged 18-35 years by county-16 states. *Am J Prev Med* 51 (5S3), S197 – S208.
- Logan, J. E., Skopp, N. A., Reger, M. A., Gladden, M., Smolenski, D. J., Floyd, F., et al. (2015). Precipitating circumstances of suicide among active duty U. S. Army personnel versus U. S. civilians, 2005-2009. *Suicide life Threat Behav.*, 45 (1), 64-77.
- Loughran, D. (2014). *Why is veteran unemployment so high?* RAND National Defense Research Institute. Retrieved from www.Rand.org/pubs/research_report/RR284.html
- Macedo, T., Wilhelm, L., Goncalves, R., Coutinho, E. S., Vilete, L., Figueira, I. et al. (2014). Building resilience for future adversity: a systematic review of interventions in non-clinical samples of adults. *BMC Psychiatry*, 14 (227), 1-8.
- Maguen, S. & Litz, B. (2012). Moral injury in veterans of war. *PTSD Research Quarterly*, 23, 1-6.

- Mansfield, A. J., Bender, R. H., Hourani, L. L., & Larson, G. E. (2011). Suicidal or self-harming ideation in military personnel transitioning to civilian life. *Suicide and Life-threatening Behavior, 41*(4), 392-405.
- Mason, M. (2010). Sample Size and Saturation in PhD Studies Using Qualitative Interviews. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research, 11*(3), Art.
- Masten, A., Garmezy, N. (1985). In: Lahey B, Kazdin A, editors. *Advances in clinical child psychology, 8*, 1–52.
- Meredith, L. S., Sherbourne, C. D., Gaillot, S., Hansell, L., Ritschard, H. V., Parker, A. M., & Wrenn, G. (Eds.). (2011). *Promoting psychological resilience in the U. S. military* (1sted.). Washington, D.C.: RAND.
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: John Wiley & Sons, Inc. Retrieved from <http://cgi.stanford.edu/~deptct1/tomprof/posting.php?ID=>
- Military Institute of Medicine (2012). Substance use disorders in the U. S. Armed Forces. *Military Medicine, 180*(3), 243-245.
- Morse, J. M. (1995). The significance of saturation. *Qualitative Health Research, 5*, 147-149.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

- Mueller, A. S. & Abrutyn, S. (2016). Adolescents under pressure: A new Durheimian framework for understanding adolescent suicide in a cohesive community. *American Sociological Review*, 81(5), 877-899.
doi:10.1177/0002122416663464.
- Nock, M. K., Stein, M. B., Heeringa, S. G., Ursano, R. J., Colpe, L. J., Fullerton, C. S. & Cox, K. L. (2014). Prevalence and correlates of suicidal behavior among soldiers: Results from the Army Study to Assess Risk and Resilience in Service-members (Army STARRS). *JAMA Psychiatry*, 72(5), 514-522.
- Noor, K. (2008). Case study: A strategic research methodology. *American Journal of Applied Sciences*, 5(11), 1602-1604. doi:10.3844/ajassp.2008.1602.1604.
- Ormel, J., Lindenberg, S., Steverink, N., & Vonkorff, M. (1997). Quality of life and social production functions. *Social Indicators Research*, 46, 61-90.
- Patton, M. (1990). *Qualitative evaluation and research methods*. Beverly Hills, CA: Sage
- Patton, M. Q. (2000). *Qualitative Research and Evaluation Method*. London: SAGE Publications.
- Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). Thousand Oaks, CA: Sage
- Pols, H., & Oak, S. (2007). War & Military Mental Health. The US psychiatric response in the 20th Century. *Public Health Then and Now*, 97 (12), 2132-2142.
doi:10.2105/AUPH.2006.090910
- Posner K., Brown, G. K. , Stanley, B., et al. (2011). The Columbia–Suicide Severity

- Rating Scale: initial validity and internal consistency findings from three multisite studies with adolescents and adults. *Am J Psychiatry*, *168*(12), 1266–1277.
- Pietrzak, R., Johnson, D., Goldstein, M., Malley, J., & Southwick, S. (2009). Perceived stigma and barriers to mental health care utilization among OEF-OIF veterans. *Psychiatric Services*, *60*, 1118–1122. doi:10.1176/appi.ps.60.8.1118
- Ray, S. L., & Heaslip, K. (2011). Canadian military transitioning to civilian life: A discussion paper. *Journal of Psychiatric and Mental Health Nursing*, *18*(3), 198-204. doi:10.1111/j.1365-2850.2010.01652.x
- Redmond, S. A., Wilcox, S. L., Campbell, S., Kim, A., Finney, K., Barr, K., & Hassan, A. M. (2015). A brief introduction to the military workplace culture. *Work: A Journal of Prevention, Assessment, and Rehabilitation*, *50*, 9-20. doi:10.3233/wor-141987
- Reiners, G. M. (2012). Understanding the differences between Husserl's descriptive and Heidegger's interpretive phenomenological research. *Journal of Nursing Care*, *1*(5), 1-3. doi:10.4172/2167-1168.1000119
- Rostker, B. (2013). *Right-sizing the force: Lessons for the current drawdown of American military personnel*. RAND Corporation, 5. Retrieved from www.cnas.org
- Royse, D. (2004). *Research methods in social work*. (4th ed.). Pacific Grove, CA: Brooks Cole.
- Rozanov, V. & Carli, V. (2012). Suicide among war veterans. *Int. J of Environ. Res. and Public Health*, *9* (7), 2504-2519. doi: 10.3390/ijerph907504.

- Shelef, L., Fruchter, E., Mann, J. J., & Yacobi, A. (2014). Correlations between interpersonal and cognitive difficulties: Relationship to suicidal ideation in military suicide attempters. *European Psychiatry* 29, 498-502.
- Shneidman, E. S. & Farberow, N. L. (1957a). Some comparisons between genuine and simulated suicide notes. *Journal of General Psychology*, 56, 251-256. Doi: 10.1080/00221309.1957.9920335.
- Shneidman, E. S. & Farberow, N. L. (1957b). *Clues to suicide*. New York: McGraw-Hill.
- Smith, R. T. & True, G. (2014). Warring Identities: Identity conflict and the mental distress of American Veterans of the Wars in Iraq and Afghanistan. *Society and Mental Health*, 4(2), 147-161
- Spencer-Thomas, S. (2010). *Suicide prevention as a social justice issue*. Retrieved July 1, 2017, from <http://sallyspencerthomas.blogspot.com/2010/04/suicide-prevention-associal-justic.html>
- Spencer-Thomas, S., & Jahn, D. R. (2012). Tracking a movement: U. S. milestones in suicide prevention. *Suicide and Life-Threatening Behavior*. *The American Association of Suicidology*. doi: 10.1111/j.1943-278X.2011.00072.x
- The Military Command and the Law* (2019). Retrieved from: <https://www.airuniversity.af.edu/AUPress>
- Thomas, E., & Magilvy, J. K. (2011). Qualitative rigor or research validity in qualitative research. *Journal for Specialists in Pediatric Nursing*, 16, 151-155. doi:10.1111/j.1744-6155.2011.00283.x

- Timmermans, S., & Tavory, I. (2012). *Abductive Analysis*. Chicago, Ill: University of Chicago Press.
- Tracy, S. J. (2013). *Qualitative research methods: Collecting evidence, crafting analysis communicating impact*. Hoboken, NJ: Wiley-Blackwell
- Ursano, R. J., Colpe, L. J., Heeringen, S. G., & Keeler, R. C. (2014). The Army Study to Assess Risk and Resilience in Service members (Army STARRS). *Psychiatry*, 77(2), 107-119. Doi:10.1521/psyc.2014.77.2.107.
- Ursano, R. J., Kessler, R. C., Heeringa, S. G., Cox, K. L., Naifeh, J. A., Fullerton, C. S., et al. (2015). Nonfatal Suicidal Behaviors in U. S. Army Administrative Records, 2004-2009: Results from the Army Study to Assess Risk and Resilience in Service-members (Army STARRS). *Psychiatry*, 78, 1 – 21.
Doi: 10.1080/00332747.2015.1006512
- Ursano, R. J., Kessler, R. C., Naifeh, J. A., Mash, H. H., Fullerton, C. S., Hiaz Ng, T. H. et al. (2017). Suicide attempts in U. S. Army combat arms, special forces, and combat medic. *BMC Psychiatry*, 17 (194), 1-10. DOI: 10.1186/s12888-017-1350-4.
- Weathers, F., Litz, B., Herman, D., Huska, J., et al. (1994). *The PTSD checklist – civilian version (PCL-C)*. Boston: National Centre for PTSD.
- Wilson, J. A. B., Onorati, K., Mishkind, M., Reger, M. A., &Gahm, G. A. (2008). Soldier attitudes about technology-based approaches to mental health care. *Cyber Psychology & Behavior*, 11(6), 767-769. DOI: 10:1089/cpb.2008.0071

- Wilson, S. (2017, January/February). On the Job. *Disabled American Veterans Magazine (DAV)*, 1(1), 15-15.
- Yin, R. K. (2009). *Case study research: Design and methods* (4th Ed.). Thousand Oaks, CA:Sage.
- Yin, R. K. (2011). *Qualitative research from start to finish*. New York, NY; The Guilford Press.

Appendix A: Sociodemographic Information Sheet

All information on this form is strictly confidential. Please fill in the blanks

Participant # (assigned by researcher) _____ **Age:** _____

Marriage Status: Married _____ Single _____ Divorced _____

Children: Living with you _____ Not living with you _____

Ethnicity: Hispanic/Latino _____ African American _____ Caucasian (non-Hispanic) _____
Native American _____ Asian American _____ Other _____

Highest Education: Grade School _____ High School _____ GED _____ Some College _____
Tech/Vocational School _____ Bachelor's Degree _____ Master's Degree _____
Doctoral _____

Current Occupation _____

Religious or Spiritual Affiliation: _____

Gross Yearly Income: Over \$80,000 _____ \$70,000 - \$60,000 _____ \$50,000 - \$40,000 _____
\$30,000 - \$20,000 _____ Less than \$20,000 _____

Branch of Service upon Discharge: _____

Highest Rank upon Discharge: _____

Number of Deployments Overseas and Where: _____

Number of Tours to Combat and When: _____

Appendix B: Crisis and Organizations Contact Information

Al-Anon (for relatives and friends of alcoholics)	800-344-2666
Al-Anon Family Group Headquarters	800-356-9996
Alateen (for teen relatives and friends of alcoholics)	800-344-2666
Alcohol and Drug Healthline	800-821-4357
Alcoholics Anonymous (World Service)	212-870-3400
Center for substance Abuse Treatment: National Drug Information, Treatment and Referral Hotline	800-662-HELP
Cocaine Anonymous (World Service)	310-559-5833
Co-Dependents Anonymous (addictive relationships)	602-277-7991
Families Anonymous (for families with substance abuse)	800-736-9805
Gamblers Anonymous (GA)	213-386-8789
Harm Reduction Coalition	212-213-6376
National Domestic Violence Hotline	800-799-7233
National Suicide Prevention Hotline	1-800-273-8255
AIDS Hotline	800-235-2331
Grief Recovery Helpline	800-445-4808